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ADDITIONAL INFORMATION

TO MEMBERS OF THE MARKET REVIEW COMMITTEE

FOR THE MEETING OF:

Tuesday, September 12, 2017 at 1:00 p.m.

MR

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

Attached is additional information received from Arbella and Point Insurance Agency relative to the agency's appeal of Arbella's termination of the agency's Exclusive Representative Producer commercial automobile appointment. (Docket #MR17.06, Exhibits #3 and #4)

JOHN METCALFE
Director – Residual Market Services

Attachments

Boston, Massachusetts
September 7, 2017

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September 5, 2017

Attention: Mr. John Metcalfe
Market Review Committee
Commonwealth Auto Reinsurers
101 Arch Street, 7th floor
Boston, Massachusetts 02110

via hand delivery

Re: Point Insurance v. Arbella Insurance

Dear Mr. Metcalfe:

Enclosed for filing in the above-captioned matter please find the following documents:

1. Arbella's Memorandum In Support of Its Termination of Point Insurance;
2. Summaries of Point Policy Investigations together with Table of Contents and Supporting Documents. The Supporting Documents were previously provided at the time the Termination Letter was served. At this time and for the convenience of the parties and the Market Review Committee, a set of the documents which has been indexed and identified in an accompanying Table of Contents is being provided.

Thank you for your attention to this matter.

Very truly yours,



Frances L. Robinson
Roberta Fitzpatrick

cc: Mary Ellen Thompson, Division of Insurance
Joshua Lewin, Esquire

COMMONWEALTH AUTOMOBILE REINSURERS

POINT INSURANCE
Appellee

MARKET REVIEW
COMMITTEE

v.

ARBELLA INSURANCE

**ARBELLA'S MEMORANDUM IN SUPPORT OF
ITS TERMINATION OF POINT INSURANCE**

Introduction

On June 22, 2016, this body upheld a notice of termination served by Arbella Protection, Inc. on the Rapo & Jepsen Insurance Group. Also in June of 2016, a former employee of the Rapo & Jepsen Agency, Mr. Bruno Rozembarque purchased the Rapo & Jepsen Agency. In July of 2016, CAR appointed the new agency, Point Insurance to Arbella as a producer of Commercial Lines policies, as was the Rapo & Jepsen Agency.

On September 1, 2016, the Point Insurance ERP appointment to Arbella became effective and Point continued its operations out of the same offices as Rapo & Jepsen had operated in Everett, Lowell, Marlborough, Framingham and Boston. The same employees remained on staff.

From its inception, the Point Insurance Agency showed no inclination to change the fraudulent business practices engaged in by the Rapo & Jepsen Agency, except to improve concealment of its fraudulent practices. When discussing how to avoid Arbella's detection of the creation of a sham corporation for the purpose of obtaining a commercial policy for which the applicant was otherwise ineligible, Mr. Rozembarque told a car dealer that he had learned from the Rapo & Jepsen termination proceedings that Arbella investigated those policies which were taken out close in time to the date of incorporation of the sham corporations. Therefore, he urged, "we have to wait 15 days before we can issue a policy". (See Exhibit 1, Spellman Report of June 28, 2016, p.2 attached)

Arbella instituted procedures and policies for Point which would ensure that renewals of the Rapo & Jepsen book would be legitimate commercial policy holders. After initially requesting and agreeing to the procedures, Point engaged in a lengthy course of litigation to escape them. (A time line of the

litigation initiated by Point to avoid adherence to the Procedures is attached hereto and marked as Exhibit 2)

Following an investigation by Arbella's Special Investigations Unit and Commercial Lines Underwriting Department, Arbella concluded that Point has violated several subsections of Rule 14 of the CAR Rules of Operation and served a notice of termination under Rule 14 B 2.b. This appeal of that Notice of Termination followed.

Arbella submits that Point has committed the following violations of Rule 14 B. and that the termination should stand.

Violations of Rule 14 B.1.c.

Point has not refrained from engaging in fraudulent activity in connection with the business of Motor Vehicle Insurance.

Violations of Rule 14 B.1.e

Point has failed to provide a reasonable and good faith effort to verify the information provided by the applicant, including rating and licensing data

Violations of Rule 14 B.1.k

Point has failed to notify the Servicing Carrier of suspected fraud

As is demonstrated by the enclosed investigations summaries, the evidence that Point has continued to engage in the fraudulent activity, failed to notify the Servicing Carrier of suspected fraud and failed to provide a good faith effort to verify the information provided by the applicant is wide ranging:

1. **Safe Stone Masonry.**

Point fraudulently continued to represent this was a commercial use and it is not. In addition, Point instructed the applicant to find someone with a Massachusetts license that he could use to procure a policy when in fact, Point knew that the licensee was not an employee or driver of the vehicle to be insured.

2. **Chun Restaurant Maintenance**

Point Fraudulently represented on a renewal application that the applicant was a business; it is not.

3. **Pilar's Catering**

Point fraudulently represented that Mr. Obergon, the operator on this Rapo & Jepsen policy, owned a business which he does not own. When

the policy was non-renewed, Point submitted an application for a new policy making the same fraudulent claims as has been made in the initial application which was non-renewed.

4. Nadege Jean Claude / Nadege Jewelry

Again, when Arbella non-renewed a policy applied for by Rapo & Jepsen because it was not eligible for a commercial policy, Point simply submitted an application for a new policy fraudulently representing that the applicant was a jewelry business. In fact, Ms. Jean Claude has never owned a jewelry business and responded to that effect on the renewal questionnaire. Point, however, submitted a new policy application restating the false representations made by Rapo & Jepsen- that Ms. Jean Claude was the owner of a jewelry store.

5. Edilson Lopez/Lopez Iron Works

When this Rapo & Jepsen policy came up for renewal, Mr. Lopez told Leandro at Point Insurance that he did not have an iron works business as was represented in the original application submitted by Rapo & Jepsen. Nonetheless, Leandro submitted a fraudulent renewal application claiming that Mr. Lopez was in the Iron Works business with two employees.

6. JSantana Plastering/Miriam Beurekjian

Because Mr. Santana has only a Brazilian operator's license, Point employees fraudulently represented that Mr. Santana's girlfriend was an employee and driver of the vehicle used by his plastering business.

7. Darwin Colindres/ Coll Handyman

Although Point employees were informed by Mr. Colindres that he did not own a business as had been fraudulently represented in the original policy application submitted on his behalf by Rapo & Jepsen, they submitted a renewal application continuing to represent that he had his own business.

8. Jao Lima/ W and J Painting Corporation

When this policy came up for renewal, an employee of the Point Office in Boston contacted Mr. Lima and instructed Mr. Lima to go to Point's Marlborough office for further assistance. There, he was advised by Point employee Christina Galvin to find "anyone" with a Massachusetts license so that an application which fraudulently represented that the licensee was an employee and a driver on the policy could be submitted.

9. Onil Auto Care

This is another of the Rapo & Jepsen policies which were obtained by fraudulently representing that the insured was a viable corporation, when in fact, Mr. Onil Rivas Martinez works for a body shop that is not his own business. When this policy came up for renewal, Mr. Rivas-Martinez had actually obtained a valid Massachusetts license and indicated to Lucas Lemes at the Everett Office of Point that he would like to "change everything over into his own name", as he now had a valid license and didn't feel it was necessary to misrepresent that he had an auto body shop. Lucas Lemes told him that to save money, he should renew the commercial policy and should purchase a Worker's Compensation policy from Travelers to support his claim of owning a business.

11. Carlos DeSouza

In the case of Carlos DeSouza, Point fraudulently represented several times to Arbella that Sindy Sabino was an employee of DeSouza's business when Mr. DeSouza had made it clear that she is not- she is the insured's sister and works at a bank. Point's insistence on Arbella's acceptance of this false representation is clear from the emails supplied. In fact, Mr. DeSouza does not have a valid operator's license; nor does his wife who is his only employee.

12. Oseas Linez

This insured informed Point that he was months away from being able to obtain a Massachusetts license. The prior policy, which misrepresented that he had his own business, was cancelled due to his having not returned the renewal application. Instead of assisting this insured in obtaining a legitimate policy, Point employees advised him to continue misrepresenting that he had a corporation and to use his brother's Massachusetts license and misrepresent that his brother was the only driver and President of the Corporation by amending documents at the Secretary of State's Office.

13. Yvette Soto

Again, Ms. Soto informed Point that she no longer had a cleaning business, as was originally represented by the Rapo & Jepsen Agency. At the time her policy was up for renewal, she had a personal policy for another vehicle and told the agency personnel that she would like to obtain a personal policy for the vehicle on the Commercial Policy.

Again, in spite of a direct request by the insured to correct the false policy representations, Point Employees chose to direct her to continue to misrepresent that she had a cleaning business, although she works for a dentist.

14. Manuel Lemus-Navarro

When this policy came up for renewal, Leandro Rodrigues contacted the insured and filled in the renewal application for him falsely alleging that his sister drove the vehicle and that he had a cleaning business.

This is another instance in which the insured was directed to buy a liability policy for the non-existent cleaning business in order to bolster the claim that he owned such a business.

Violation of Rule 14 b.1.n

Point has failed to order only those coverages from the Servicing Carrier that are requested by the insured and for which the insured is eligible

In every instance of the policy investigations provided, the applicant is not eligible for a Commercial Policy either because they do not have a business, or because they do not have a valid driver's license.

In some cases (Roberto Escalante Chun, Pilar Obergon, Edilson Lopez, Darwin Colindres), the insureds clearly told Point that they did not have businesses and were not eligible for Commercial Insurance. Point, nonetheless, ordered Commercial coverage for which they were not eligible and did not request.

In the case of Onil Rivas-Martinez and Manuel Lemus-Navarro, Point actually directed them to purchase a worker's compensation policy that they did not request in order to further the fraudulent representation that they ran an auto body shop and a cleaning business.

Violation of Rule 14 B.1.1

Point has failed to cooperate with the Servicing Carrier during its investigation

On March 15, 2017, Arbella investigators and underwriting personnel met with Point's Principal- Bruno Rozembarque- and its General Manager- Leandro Rodrigues. Mr. Rozembarque and Mr. Rodriguez made several false statements during this meeting.

When asked if Point employees directed insureds to use the license of someone who is not an employee or operator of the vehicles simply to satisfy the license requirement, both responded "Absolutely Not". In fact, this denial is completely false, as the practice of instructing insureds to find a Massachusetts license from "anyone" is widespread throughout the Point organization.

When asked how they address renewals of policies written by Rapo & Jepsen when the insured indicates that they do not have a business, Mr. Rozembarque stated that Point always tries to help the customer get the title released so that they can be placed in the private market. This statement is also false as is demonstrated by the Chun, Obergon, Lopez and Colindres interviews.

When asked about the circumstances that would allow Point employees to have businesses separate from their employment at Point, Mr. Rozembarque was vague about the assertion made previously that all employees have executed a non-compete agreement. One third of the full time Point employees, including Leandro Rodriguez, have obtained Commercial Policies through Arbella by claiming that they have "businesses". If, in fact, these employees have signed non-compete agreements, the viability of these "businesses" is suspect. Neither Leandro Rodriguez nor Bruno Rozembarque would supply information regarding these non-compete agreements. In spite being the owner and General Manager of the agency, both claimed they did not know the content of the supposed "non-compete" agreements. (Exhibit 3, Spellman Report of 3-16-2017, p.3) The attached spreadsheet shows the premium differences between Point Employee suspect Commercial Policies and what they would have to pay in the appropriate private passenger auto market. (Exhibit 4, Spreadsheet) In addition to these highly suspect Commercial policies enjoyed by one third of its employees, General Manager Leandro Roadrigues apparently had taken out a commercial policy with Arbella for his brother who does not have a valid Massachusetts license. On March 13, 2017, Mr. Rodrigues submitted a claim under this policy alleging his car was involved in an accident. When Arbella investigators attempted to conduct Examinations Under Oath for this claim, none of the three participants associated with the insured corporation appeared. (Exhibit 5, Transcript Examination Under Oath)

When asked if Point inquired as to whether the licensed operator on the policies they submitted renewals for were actually employees, both Leandro Rodrigues and Bruno Rozembarque stated that they did. Statements taken from all 14 of the policies represented below indicate that they not only didn't inquire as to the legitimacy of the representation that the licensed operator was an employee, they often openly suggested

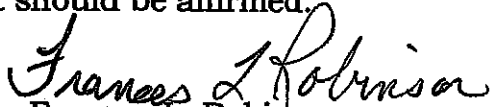
that the applicant find "anyone" with a valid license to ensure that the application would be accepted.


In addition to violating the CAR Rules of Operation, the very conduct of Point in submitting applications for commercial policies that do not have eligible drivers and are not legitimate businesses has been found to be criminal. In *Commonwealth v. Lima*, 87 Mass.App.Ct. 625, (2015), the Massachusetts Appeals Court upheld convictions for Insurance Fraud and Larceny which involved an employee of the Brighton Insurance Agency who provided copies of her driver's license in support of applications for Commercial Insurance Policies for nonexistent businesses. Clearly, this conduct cannot be condoned.

Conclusion

It is submitted that evidence of violations of Rule 14 B.1. are clear. It is equally clear that Point Insurance has no intention of purging its book of business of fraudulently obtained policies. In fact, the evidence submitted leads to the conclusion that Point's intention is to perpetuate and perfect the practices conducted by the Rapo & Jepsen agency and found to be fraudulent by this Committee.

Arbella's termination of Point should be affirmed.


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1

*****ARBELLA SIU CONFIDENTIAL DOCUMENT*****

S.I.U. UNDERWRITING INVESTIGATION

Investigator(s): Ed Spellman III & Frank Hart

Agent: Rapo & Jepsen

Insured: Juciara Silva Marta

Policy Number: [REDACTED]

Review of Policy Documents: On 02-01-2016 an application for a commercial auto policy was submitted to Arbella by Bruno Rozembarque for named insured Juciara Silva Marta. The named insured has a listed tax number of The business is described as Sales with no other description, just merely "Sales". The policy scheduled one vehicle a 2010 Toyota Carolla bearing Bearing VIN# 1NXBU4EE6AZ355270 and had one listed operator Juciara Silva Marta who has a listed DOB of: she has a Massachusetts license bearing number: The application lists a date of hire for her as 2-01-2016 the same day the policy was taken out!! Arbella received \$315 as a down payment for this policy according to the application.

~~A prior check of policies shows another cancelled policy with Rapo & Jepsen for policy number [REDACTED]~~ This policy was written by Daniel as a maintenance company with the same tax ID number; however when Bruno wrote this new policy the tax id number stayed the same as did all of the other information including the vehicle and the listed operator except now it is a sales company.

Field Investigation: On June 28 2016 investigators Frank Hart and Ed Spellman III travelled to the policy address of The 2010 Toyota was observed parked on the street a few car lengths down from the policy address and the insured was found to reside at the policy address in apartment number 2.

Juciara is a permanent resident alien in this country originally from Brazil, she speaks English and Portuguese. She is currently a saleswoman at Baystate Auto dealer in Newton MA and prior to that she worked for Automax in Framingham also in sales and has worked for a variety of dealers over the years she indicated.

She told us how insurance agencies would call her and offer her \$100-\$150 for sending them customers to them. She specifically mentioned John from Patriot and Bruno from Rapo & Jepsen. She explained how Luiz from Patriot Insurance would come to Automax with the stamp in the car. Take a stack of paperwork and go away for 15 minutes and stamp them in the car, and bring them back in with monies for sending them to Patriot to give to Juciara and others at the dealer. She stated that at her current job they do not do that as they are a dealer in Newton that has been around for a long time and they do not do deals like that there.

Juciara had indicated that she has also worked in the past with Leticia Simoes a.k.a "Le Le". She described Leticia as being very heavily involved in these "dirty deals".

Marta said that about two weeks ago, she received separate messages independent from one another from both John (Patriot's Insurance) and Bruno (Rapo & Jepsen) that they could no longer produce business documents and insurance policies on the same day. She was told that she would have to advise potential car buyers that there would be about a 15 day delay before the policy would be in effect after they created the LLC's. She indicated that this was due to some investigation she thought but didn't have specifics on it.

We attempted to obtain the texts information where they sent this information out; however she advised us they use an application called whatsapp to send this information and that the information goes away after sometime. She could not locate the actual transmissions. She informed us that Rapo & Jepsen would take people without licenses and merely amends the policies shortly after they created them; saying it was a mistake or something and no one would ask any questions, in order to conceal information.

As it pertains to her own policy Juciara claimed she used to manufacture bikinis several years ago but had to close down because she was getting requests for product but could not make enough of the supply for the demand. She still claimed to get bathing suits sent to her from her sister in Brazil but had nothing there to document her business ventures currently or in the past other than the notice from the IRS for her Tax ID number (which was contained in the original policy documents dated October 7 2015 lists her as Juciara Silva Marta Follow the Sun

She claimed that she went to Brazil and her first policy cancelled. She was in Boston when she came doing something else and looked up the locations for Rapo & Jepsen and went over to Commonwealth Ave and met with Bruno. He wanted to charge her fees etc. however she stated she wasn't going to pay them that she already had plates and was just going to pay the down payment and only what she knew she owed. She did not remember how much she actually paid.

Summary/Conclusion: Juciara is someone who was directly involved in the cycle that has been identified previously in our ongoing investigation. She recently has begun work at Baystate in Newton but is still in contact with many of the subjects of interest previously identified as she was recently employed at a dealer that engages in that type of activity. She appeared to have a grasp on the practice of utilizing sham businesses to get insurance however indicated that was not what she had done and that she at one point in time was operating a business manufacturing and selling swimwear.

2

TIMELINE

March 2016 Arbella issues Notice of termination to Rapo and Jepsen

April 2016 Rapo and Jepsen appeals the termination

April 2016 Bruno Rozembarque, while employed at Rapo and Jepsen, obtains producer's license

April 2016 Bruno Rozembarque creates the Point Insurance Agency

June 2016 Point Insurance and Rapo and Jepsen enter into a purchase and sale agreement wherein Point purchases the assets of Rapo and Jepsen including all expirations owned by the Rapo and Jepsen

July 2016 Point is appointed by CAR as and ERP and is assigned to Arbella

July 2016 Point requests guidelines from Arbella "to avoid the problems experienced by Rapo and Jepsen"

July 2016 Arbella provides Point with the requested guidelines

September 2016 Point and Arbella enter into a Limited Servicing Carrier Contract which includes the requested guidelines

September 2016 Rapo and Jepsen withdraws its appeal of the termination

10/17/2016 Point files a Complaint and Motion for Temporary Injunction against Arbella at the Division of Insurance seeking, amongst other relief, to enjoin Arbella from using fraud fighting tools such as guidelines, renewal applications and SIU interviews.

11/1/2016 Point files in the Division of Insurance an Emergency Motion for An Expedited Hearing on its Request for a Temporary Restraining Order Against Arbella

11/7/2016 Point files a Complaint, a Motion for a Temporary Restraining Order (TRO), and a Request for Hearing on its Emergency Motion for a TRO against Arbella in the Massachusetts Superior Court seeking essentially the same relief sought in the Division of Insurance

11/10/2017 After hearing, Justice Heidi Brieger denies all of the relief sought by Point in the Superior Court

11/29/2016 The Division of Insurance holds a hearing on the Complaint filed by Point against Arbella

12/15/2016 Point files a Request for Relief at CAR pursuant to CAR Rule 20 seeking essentially the same relief as it sought in the Division of Insurance and the in the Massachusetts Superior Court

12/19/2016 The Division of Insurance Issues A Decision Dismissing the Complaint Point Filed Against Arbella and declining to grant Point the relief sought.

1/12/2017 The CAR Market Review Committee holds a hearing and issues a decision finding that Point did not establish that the conduct of Arbella unfair, unreasonable or improper and denying the relief sought by Point against Arbella

1/13/2017 Point appeals from the Decision of the CAR Market Review Committee

1/31/2017 The Governing Committee Review Panel holds a hearing and unanimously votes to uphold the decision of the Market Review Committee

2/2/2017 Point files another Complaint against Arbella at the Division of Insurance and Files a Notice of Appeal of the CAR Decision

3/15/2017 Point Files another Emergency Motion for a Preliminary Injunction Against Arbella in the Division of Insurance

3/28/2017 Point files a letter in the Division of Insurance Renewing its Request for an Emergency and Expedited hearing on its Request for a Preliminary Injunction Against Arbella

4/12/2017 The Division of Insurance holds a preliminary hearing on Point's Appeal and Complaint

4/21/2017 Point files a Supplemental Memorandum in the Division of Insurance in Support of its Request for Relief

6/23/2017 Point files a Further Supplemental Memorandum with the Division of Insurance

3

*****ARBELLA SIU CONFIDENTIAL DOCUMENT*****

Date of report: 03-16-2017

Subject: Ongoing Investigation into Point Insurance Agency

Investigator(s): Ed Spellman III & Frank Hart

Meeting Participants: in attendance were Investigators Frank Hart & Ed Spellman III, Mayre Hammond Commercial Lines Underwriting Manager, and representing the Point Insurance Agency was its principal Bruno Rozembarque and General Manager Leandro Rodrigues.

03-15-17 Summary of Meeting: At the request of Point Insurance Agency a meeting was scheduled at Arbella insurance on 03-15-17. The meeting took place between 10 A.M and 12:15 P.M.

Leandro began the meeting by asking why recently Arbella had recently changed its procedures with regards to renewing/accepting policies in cases where Point had supplied what they felt was proof of a valid business entity (workets ecompensation, general Liability, or tax documentation); however the persons associated with those businss did not have valid operator's licenses.

Arbella explained that it was not a change as we have said from day one of Point's assignment and at multiple hearings, that we intend to follow the law and if a person has failed to obtain a valid operator's license regardless of the business status we will not renew the policy on renewal and would issue legal notice of cancellation on re-writes and new business. It was explained that during the course of the normal policy inquiry audits that SIU had seen a larger number of policies where the people did not have valid operator's licenses but had supplied a recently obtained GL or Workers Comp policy. Arbella's underwriting department was alerted and notified Point that the lack of a valid operator's license disqualified the applicant for insurance under Massachusetts law.

Arbella inquired with Point (Bruno & Leandro) what they ask the insured's whether they be renewal customers or new business/re-writes with regards to their license status etc... According to Leandro, Point has been very careful about not adding non-employees as drivers. He said they ask the question(s) "Are there any other drivers who should be added to the policy?" Arbella specifically asked do they ask the question of the insured if the driver was an employee. After acting confused and saying that the employee was not present at his office, Leandro eventually said that they do ask the insured if the driver(s) is an employee(s).

Leandro stated he is not going to ask for a Massachusetts license or require that someone who has one be put on the policy, as their clientele would go into what he calls "Desperation Mode" and simply add whoever in order to satisfy the policy requirements. All Leandro asks is if the drivers on the policy are employees of the business. He does not ask specifically what their role in the business is or how they use the vehicle etc... Both Bruno and Leandro were asked if they or any of their staff would knowingly allow a friend or family member to be added to a commercial policy

who had a valid operator's license simply to allow it to be written/renewed, to which they both responded absolutely not!

The physical evidence obtained throughout multiple policy inquiries shows that several insured's have advised Arbella directly that they have been directed by employees of Point Insurance to do exactly that. Go get a friend or anyone with a Massachusetts license and we will send it into Arbella, in some circumstances the customers were not eligible for a commercial policy; while in others they were engaged in some type of business but had no valid operator's license(s).

Bruno and Leandro were asked candidly about the fact that several insured's have indicated to us that the drivers on their policies are not employees of a company and in some instances the insureds do not have a company at all. Arbella was reassured that all of Point's employees ask about the legitimacy of the company, as well as, the employee status of the driver's associated with those policies. When specifically asked "why would all of these people tell us something different than what you are telling us now?" Point had no direct answer other than, "we don't know".

Bruno and Leandro were asked if Point continues to create business entities for people. Their response was that many dealers are forming businesses (corporations) for insured's so they can get commercial policies. They said banks are doing this also. They said this is really becoming a frequent practice. Bruno and Leandro stated that the only time you will see Point do this is if an insured comes in and needs to purchase Commercial Auto, General Liability and Workers Compensation policy. Both Bruno and Leandro assured Arbella that the Point employees do exactly what they say, and that they only had one employee who was clearly bad and that is why Daniel was the only one let go.

Bruno was asked directly as to what his disciplinary action would be if he found out an employee was doing exactly that, directing insured's to provide knowingly false information in order to continue to obtain commercial insurance when either they had no valid operator's license or no valid business entity. Bruno responded that a one-time instance would not be grounds for any type of severe disciplinary action; he would merely speak with the individual regarding the mistake. "We are all human and mistakes happen sometimes" he stated. He was asked if there was a gross pattern of this behavior would he ultimately terminate the employee which he indicated that indeed; evidence of a pattern of that type of behavior would be grounds for termination.

Arbella had just got done telling Point that we had spoken to many insured's who had confirmed to Arbella that the type of behavior we were talking about was happening with Point employees. Not once did Bruno nor Leandro ask us about which employee or seemed remotely concerned about the evidence we were expressing to them. Leading Arbella to conclude that, at a minimum, they truly do not care or were aware of and condone the behavior and practices of the employees.

Arbella asked regarding their CAR submissions to the Governing Committee with regards to the non-compete clause they allege Daniel Delima Bertolazzi had violated. He was never an employee of Point based on Arbella's understanding, and yet they purport that he violated their non-compete? Leandro explained that when Bruno took over he got all the assets and Daniel had signed one with Rapo & Jepsen and that is the one they were referring to. Bruno indicated that he does not have the employees sign new ones nor did he have them sign new ones once Point became active. Furthermore, they indicate that Daniel is working out of a repair facility in Malden, named "Point Auto Sales". Arbella found that ironic and was assured by Bruno that there is no affiliation with him and that they were in talks with their legal team with regards to pursuing legal action against Daniel.

If this is indeed a separate entity as Bruno indicated, Arbella is concerned with the fact that no new non-compete documents were required of the employees, as they are now allegedly employees of a completely new business entity with new w-2 filings etc... but the principal of the agency seems content with using all of the old employee documentation?

Ed Spellman III showed Bruno Point's original employee list provided to Arbella by Bruno in an August 2016 meeting and confirmed that all the employees still work for Point currently. They are assigned to the specific office; however float depending on the volume needs of the offices and Saturday schedule(s). The offices in Everett, Boston and Framingham are open until 12 on Saturdays and there 3 busiest offices. They have had no new hires since going active on 9-1-16. Bruno confirmed that all of the employees are full time employees of Point. Bruno was asked if he had no new non-compete paperwork as to what the old paperwork he obtained through the sale contained. He did not know exactly but said it was roughly 2-3 pages long. Arbella specifically asked him if he would be aware if any of his employees had an affiliation or a side business and he indicated that he had no knowledge of that information.

Arbella has discovered several Point employees (including its General Manager Leandro Rodrigues) have obtained commercial auto policies which are suspect. The applications for these businesses represent that the businesses are engaged in a range of activities from Painting, to Insurance Rep, to Commuting and Insurance etc. Some of these policies appear to have a Point employee allowing their Massachusetts operators license to be used to comply with the license requirement when in fact it is doubtful that the Point employee is employed by the policy holder at all. Other Point employees appear to have obtained Commercial policies and the corresponding lower premium by apparently falsely representing that they have businesses.

Leandro wanted to move off of this topic and go back to discussing his original issue of having Arbella "Accept Foreign Licenses". We explained to him that we do accept foreign licenses, what we do not accept are non-valid operator's licenses in accordance with the law, which they know of our position on as they repeatedly refer to rule 61 in their CAR arguments and send it with the renewal application submissions.

Arbella inquired as to how upon taking over did they express to the employees that the practices of Rapo & Jepsen would not be the practices of Point. Bruno said they had meetings about it, but neither he nor Leandro could state how many or how often simply they have meetings more than once a month and that both Leandro and Bruno are present at the meetings. They either send out an Email to alert the employees of the meeting(s) or through their own Instant Message system. Both Bruno and Leandro assured Arbella that John Rapo plays no role in the business of Point. Leandro said that he himself sent out the directive that none of Point's employees are to have any professional/Business relationship with John Rapo. They said they cannot control what the employees do in their private lives.

Bruno indicated that Point understands what Arbella is trying to do and they agree with it and are willing to comply 100%; however we are not changing anything "The Systems is Broke" he stated. (This was a reoccurring theme by Point throughout the meeting). Point has complied and done everything right since Bruno took over according to Leandro. They said that they offer private passenger policies, but the customer(s) refuses because of the much higher cost. Bruno gave the example of a specific customer who is quoted \$5,000 for a private passenger policy as opposed to \$1,000 for a commercial policy. The people who are leaving Point are merely going elsewhere and in many situations winding back in the same pool, so Arbella is not changing anything except hurting Point; as no one else has to comply with the procedures that we are imposing on them.

Leandro and Bruno indicated that they see a large volume going to Miranda and Patriot Insurance agencies. Bruno attributes the large volume to other ceded ERP's specifically to the costs associated with Private Passenger Insurance as well as the requirements that Point is forced to have its customers comply with in order to write Arbella. The other agencies do not as there is no standard for all Servicing Carriers to adhere to. Leandro stated that word has spread like "wildfire" not to go to point.

Leandro indicated that Arbella itself had allowed several individuals that it had not allowed to be written through Point back into the pool through other agents. Arbella asked specifically for those policy numbers, which Point did not have readily available. It was explained to Point that Arbella is equal across the board as to its position and if they make us aware of the policies they claim we allowed to be written erroneously we would address them; however if they did not send them or take any action, than no action could be taken by us. Leandro and Bruno indicated that they would send us the information necessary to take appropriate action(s).

Arbella asked how they knew where the customers who were leaving were going. Bruno indicated that they receive at a minimum 20 2A's a week and more plate return receipts. They keep track of the people by tracking the VIN numbers in the registry and then seeing how they insure the vehicle and where it ends up to determine if it was re-written elsewhere in the Private Passenger Market or in ceded Commercial market etc... Arbella asked what registry access they used to do this and was informed that it was all carriers' access given to them, including Arbella. Leandro stated some people like a certain system more than another while other's use whatever is up at the time for them.

Both Bruno and Leandro are aware of this misuse of the registry and appear to condone its misuse by their employees and themselves in order to track individuals after they have left their agency for the sole benefit of the Agency's argument, that "the system is broke". The same exact quote was made by the prior owner (John Rapo) of that book of business in a January 2016 meeting with Arbella.

Frank Hart inquired as to why the people are leaving in such volume? Bruno indicated that it is a combination of things but mainly people do not want to pay for the personal policy when they can go somewhere else and keep a commercial policy. Also the fact that the paperwork to stay with Arbella is greater, they would have to take out a General Liability and/or Work Comp policy as well as complete additional renewal/supplemental applications. Frank Hart asked as to the business certificates, business cards, forms etc... and why they were not sending those as well as proof of business along with the new requirements. Point informed SIU that the Underwriting department had advised them to stop sending things like that, as they could not verify given the situations that went on in the Rapo book whether or not the paperwork was truly "legitimate", which is why they focus on the items on the renewal/supplemental application(s): tax documents, general liability and or workers compensation policies.

Ed Spellman III asked if any point employees would ever offer to simply create a new business entity for example move a DBA to a Corporation in order to keep the commercial business with Point. Bruno responded that they "Absolutely will not offer a change".

Arbella asked Point how they address the issue then of when a customer who was previously written under a "fake" business with Rapo & Jepsen comes back to renew a policy and informs Point that they do not have a business. Bruno stated they will always try and help the customer and work with the lien holder to get the title released so it can be switched over to the individuals name and then they can be placed in the private market. According to Bruno they continue to have the same deal with Occidental that Rapo & Jepsen had whereby Occidental will not non-renew/cancel for failure to obtain a valid operator's license.

The evidence obtained in the inquiry of Roberto Escalante Chun directly contradicts these statements made by Bruno. According to Roberto the Point employee offered to create a corporation to keep Mr. Chun insured commercially with Arbella after being informed that Mr. Chun did not have a business of his own; but rather was a cook at a restaurant. Rather than receive the assistance that Bruno claims they offer all its customers, Mr. Chun had to leave and go to a different agency altogether in order to be placed in the private passenger market.

Leandro and Bruno expressed their desire to have Arbella voice Point's concern to CAR. Ed Spellman III asked as to why point did not voice its own concerns to CAR at a proceeding other than a Market Review or Governing Committee meeting for relief from the procedures of Arbella. Their own counsel argues that the Commercial Auto review Board should change the rules and yet rather than bring it up themselves, they are relying on Arbella to do it for them? Bruno responded

that Arbella has a louder voice in that venue than they do, he compared us to being like a "Lion" at the board and they are just small.

Leandro specifically asked us to help Point stop people from going somewhere else. It was explained to them that Arbella cannot control what other servicing carriers choose to do with their own ERP's and we can only control what we can control. Leandro commented that it is crazy that the drivers are not rated. We asked us how they would intend to rate the driver's, and they responded with the SDIP and class system. Ed Spellman III asked how they proposed to address the issue of the client's with no valid operator's license(s).

Bruno indicated that what Point would like to see Arbella do is insure businesses that do not have a driver with a valid driver's license.

Arbella asked if there was anything they would like to see added to the renewal/supplemental applications in order to make it easier for Point to confirm the legitimacy of the businesses as well as help with the inquiry into the validity of the driver's being employees and having a true business need for the vehicles. Both Bruno and Leandro indicated that the current forms are fine and they do not want to see any more questions added. What they would like to see is Arbella take immediate action in requesting that CAR implement renewal/supplemental applications across the ceded marketplace on behalf of Point.

Ed Spellman III asked Point if they felt matters were so unfair in the marketplace with Arbella, why would they not merely request reassignment. Bruno answered that he was unsure and would need counsel to advise him on why to or not to ask for reassignment. Leandro stated that they are complying 100% with Arbella and there is no need to request reassignment.

We concluded the meeting with an exchange of business cards and the understanding that Underwriting would inquire of counsel as to Point's request(s) that (1)Arbella speak to CAR in regards of implementing a renewal/supplemental application(s) for all servicing carriers to use in the ceded market to try and equal the market place. As well as in regards to (2)Point's proposal that in cases of legit businesses that only have valid operator license issues that Arbella continue to write those policies until such time that CAR implements new rules/regulations. Arbella required of Point to (1) to make Arbella aware of the policies that it alleged they discovered 2 weeks ago that show Arbella refused to write a policy with Point but then accepted it through another agent, so that we may inquire into the matter and take appropriate action(s).

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Insured	Fallou Deluca	Andre Luiz Ribeiro Silva	Adalton BL Trust	Lucas Lemes	Letícia Simoes	ROTHER	PAOLA ECKER	TR CONSTRUCTION
Effective Date NB or RWL	NB 1/25/2016	NB 6/18/2015	NB 7/23/15	NB 4/15/2015	NB 7/21/2015	NB 4/4/14	NB 7/28/14	NB 5/19/14
Commercial Premium	\$ 2,414.00	\$ 954.00	\$ 1,046.00	\$ 1,772.00	\$ 953.00	\$ 2,098.00	\$ 1,391.00	\$ 6,029.00
Personal Premium	\$ 2,699.00	\$ 2,756.00	\$ 1,601.00	\$ 5,058.00	\$ 1,956.00	\$ 1,872.00	\$ 2,246.00	\$ 4,647.00
Transaction #1	Eff 1/27/16- add 1998 Chevrolet Astrovan	Eff 10/26/15- change vehicle from 2011 Mercedes E-350 to 2015 Mercedes C-300 and garaging from Northborough to Northampton	Eff 02/12/16- add 2007 Toyota Camry	Eff 06/25/15- add 2002 Ford F150		Eff 4/4/14 garaging change from Everett to Amesbury		Eff 9/12/14 add 1999 VH in Lowell
Commercial Premium	\$ 3,843.00	\$ 1,298.00	\$ 1,752.00	\$ 3,068.00		\$ 1,345.00		\$ 9,928.00
Personal Premium	\$ 3,667.00	\$ 3,921.00	\$ 3,074.00	\$ 6,023.00		\$ 828.00		\$ 6,520.00
Transaction #2	Eff 12/27/16- remove 1998 Chevrolet Astrovan	Eff 11/31/15 change garaging back to Northborough	Eff 09/17/16- remove 2002 Cadillac Deville	Eff 08/12/15- add 2008 BMW & remove 2002 Ford F150				Eff 11/13/14 added additional VH in Maynard- Used cost new Symbol for VH8
Commercial Premium	\$ 2,414.00	\$ 1,078.00	\$ 939.00	\$ 2,686.00				\$ 11,126.00
Personal Premium	\$ 2,699.00	\$ 2,875.00	\$ 1,538.00	\$ 7,775.00				\$ 6,917.00
Transaction #3				Eff 02/17/16- Amend garaging on both vehicles (vehicle 1 from Everett to Worcester, vehicle 2 from Amesbury to Marlborough)				Eff 1/9/15 removed 2005 VH
Commercial Premium				\$ 2,628.00				\$ 9,602.00
Personal Premium				\$ 7,984.00				\$ 5,027.00
Transaction #4								Eff 3/6/15 added 2005 VH back
Commercial Premium								\$ 11,152.00
Personal Premium								\$ 6,917.00
Effective Date NB or RWL		RWL 6/18/16	RWL 7/23/16	RWL 4/15/16	RWL 7/21/16	RWL 4/4/15	RWL 7/28/15	RWL 5/19/15
Commercial Premium		\$ 1,064.00	\$ 999.00	\$ 2,488.00	\$ 925.00	\$ 1,493.00	\$ 1,461.00	\$ 22,653.00
Personal Premium		\$ 2,802.00	\$ 1,482.00	\$ 6,913.00	\$ 1,848.00	\$ 851.00	\$ 2,687.00	\$ 8,649.00
Transaction #1						Eff 8/10/15 adding 2nd VH-2015 Chevy		Eff 3/17/15 transferred 1999 to 2014 VH and cov changes (this is transaction #5: 1-4 wasn't premium bearing)
Commercial Premium							\$ 3,525.00	\$ 19,743.00
Personal Premium							\$ 5,680.00	\$ 9,913.00
Transaction #2						Eff 8/13/15 deleting original VH-2008 Nissan		
Commercial Premium							\$ 1,993.00	
Personal Premium							\$ 2,740.00	
Transaction #3						Eff 9/23/15 change in garaging- Malden to Northborough		
Commercial Premium							\$ 1,093.00	
Personal Premium							\$ 1,613.00	
Transaction #4						Eff 2/26/16 another change in garaging from Northborough to Winchester		
Commercial Premium							\$ 1,219.00	
Personal Premium							\$ 1,792.00	
Effective Date NB or RWL						RWL 4/4/16	RWL 7/28/16	RWL 5/19/16
Commercial Premium						\$ 1,493.00	\$ 1,209.00	\$ 13,642.00

Insured	Felipa Deluca	Andre-Luiz Ribeiro Silva	Adalton El. Trust	Lucas Lemes	Letícia Simoes	ROTHIER	PAOLA ECKER	TR CONSTRUCTION
Personal Premium						\$ 778.00	\$ 2,792.00	\$ 9,913.00
Transaction #1						EFF 2/6/17 VH trans and garaging change from Everett to Amesbury -RFID remains same for VH transfer		
Commercial Premium						\$ 3,685.00		
Personal Premium						\$ 1,297.00		
Transaction #2						EFF 2/6/17 Adding 2008 VH-Mileage unavailable- no insp until 2/17 VH added 2/6/17		
Commercial Premium						\$ 3,195.00		
Personal Premium						\$ 4,036.00		
Notes:	Class 10/SDIP 00 Mileage unavailable- only 1 inspection available at NB and when VH was added.	Class 18/SDIP 00 Mileage unavailable at NB -no inspection at time of 6/18/15 effective date Mileage unavailable at RWL -only 1 inspection on 10/31/15	Class 10/SDIP 00 Mileage unavailable at NB -no inspection at time of 7/23/15 effective date Mileage unavailable at RWL -only 1 inspection on 2/13/16	Class 17/SDIP 00 Mileage unavailable for 08 BMW and 02 Ford F150, only 1 inspection during policy period. Years with prior carrier 0 based on application At renewal op2 becomes Class 17/SDIP 98, rated on 2008 BMW	Class 21/SDIP 00 Mileage unavailable at NB -no inspection at time of 7/21 effective date. Mileage unavailable at RWL -only 1 inspection on 7/24/15 Years with prior carrier 0 at new business	Class 10/SDIP 00 Mileage unavailable at NB -no inspection at time of 4/4/14 effective date Mileage unavailable at 2015 RWL -only 1 inspection on Mileage calculated using 2014 and 2015 inspections for the 2016-2017 RWL	Class 10/SDIP 00 Mileage unavailable at 2015 RWL -one inspection at time of 7/28/15 effective date Mileage unavailable at 2015 change adding 2015 VH -one inspection Mileage unavailable at 2016 RWL -one inspection	Class 10/SDIP 00 2015 RWL-Used RFID 2008 -only 1 VH and trailer weren't in this RFID Transaction #1, 2, 3 and 4 from 2015 doesn't appear to impact the personal premium as commercial endorsement was added Transaction# 3 transferred 1999 to 2014 VH and cov changes Had to use cost new on most VH's symbols- nothing in POLK *2 personal lines policy premiums were used due to determine premium as the policy has more than 4 vehicles

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COMMONWEALTH OF MASSACHUSETTS

Insured: Rothier Enterprises, Inc.

Date of Loss: 3/8/2017

Claim No.: 033809228

RECEIVED
MAY 01 2017
CLAIMS SERVICE CENTER

SCHEDULED EXAMINATION UNDER OATH OF:

LEONARDO RODRIGUES

ARBELLA MUTUAL INSURANCE COMPANY

101 Edgewater Drive

Wakefield, Massachusetts

April 10, 2017

Elisabeth Zahariadis

Certified Shorthand Reporter

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APPEARANCES:

~~Representing Arbella Mutual Insurance Company:~~

SULLIVAN & YOUNG, LLP

10 Tremont Street, Fourth Floor

Boston, MA 02108

BY: BRIAN J. YOUNG, ESQ.

(617) 723-7339 FAX (617) 723-7731

~~Also present:~~

Edward Spellman, III

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INDEX

EXHIBITS:	PAGE:
Exhibit 1, 3/30/2017 Letter.....	4
Exhibit 2, 3/31/2017 Letter.....	4

Counsel retained exhibits.

1
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(Exhibit 1, 3/30/2017 Letter, marked)

(Exhibit 2, 3/31/2017 Letter, marked)

MR. YOUNG: Good afternoon, my name is Brian Young and I am at Arbella's Wakefield office to take the examination under oath of Leonardo Rodrigues. Mr. Rodrigues's examination under oath was scheduled today to take place at 10 a.m. this morning, it's is now 2:21 p.m. and he has not appeared. We are making a record of his nonappearance.

We've marked as Exhibit 1, Leonardo Rodrigues's examination under oath notice letter that was mailed to 1 . We have marked as Exhibit No. 2, Leonardo Rodrigues's examination under oath notice letter that was sent to

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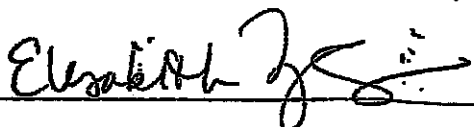
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COMMONWEALTH OF MASSACHUSETTS

I, ELISABETH ZAHARIADIS, Certified Shorthand

Reporter, do hereby certify that the foregoing is a true
and accurate transcription of my stenographic notes, to
the best of my knowledge and ability.

WITNESS MY HAND, this 26th day of April,
2017.


Elisabeth Zahariadis

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COMMONWEALTH OF MASSACHUSETTS

Insured: Rothier Enterprises, Inc.

Date of Loss: 3/8/2017

Claim No.: 033809228

SCHEDULED EXAMINATION UNDER OATH OF:

LEANDRO RODRIGUES

ARBELLA MUTUAL INSURANCE COMPANY

101 Edgewater Drive

Wakefield, Massachusetts

April 10, 2017

Elisabeth Zahariadis

Certified Shorthand Reporter

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APPEARANCES:

Representing Arbella Mutual Insurance Company:

SULLIVAN & YOUNG, LLP

10 Tremont Street, Fourth Floor

Boston, MA 02108

BY: BRIAN J. YOUNG, ESQ.

(617) 723-7339 FAX (617) 723-7731

Also present:

Edward Spellman, III

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INDEX

EXHIBITS:

PAGE:

Exhibit 1, 3/30/2017 Letter.....4

Counsel retained exhibits.

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1 (Exhibit 1, 3/30/2017 Letter, marked)

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3 MR. YOUNG: Good afternoon, my name is Brian
4 Young and I am here to take the examination under oath of
5 Leandro Rothier Rodrigues. Today is Monday, April 10,
6 2017 and Leandro Rodrigues's examination under oath was
7 scheduled to take place today at 12 p.m. at Arbella's
8 Wakefield office. It is now 2:22 p.m. and he has not
9 appeared. We are making a record of his nonappearance.

10 We have marked as Exhibit 1 Leandro Rodrigues's
11 examination under oath notice letter that was sent to 1

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COMMONWEALTH OF MASSACHUSETTS

I, ELISABETH ZAHARIADIS, Certified Shorthand Reporter, do hereby certify that the foregoing is a true and accurate transcription of my stenographic notes, to the best of my knowledge and ability.

WITNESS MY HAND, this 26th day of April, 2017.



Elisabeth Zahariadis

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COMMONWEALTH OF MASSACHUSETTS

Insured: Rothier Enterprises, Inc.

Date of Loss: 3/8/2017

Claim No.: 033809228

SCHEDULED EXAMINATION UNDER OATH OF:

ALVARO RODRIGUES

ARBELLA MUTUAL INSURANCE COMPANY

101 Edgewater Drive

Wakefield, Massachusetts

April 10, 2017

Elisabeth Zahariadis

Certified Shorthand Reporter

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APPEARANCES:

Representing Arbella Mutual Insurance Company:

SULLIVAN & YOUNG, LLP

10 Tremont Street, Fourth Floor

Boston, MA 02108

BY: BRIAN J. YOUNG, ESQ.

(617) 723-7339 FAX (617) 723-7731

Also present:

Edward Spellman, III

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INDEX

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Exhibit 1, 3/30/2017 Letter.....	4
Exhibit 2, 3/31/2017 Letter.....	4

Counsel retained exhibits.

1 (Exhibit 1, 3/30/2017 Letter, marked)

2

3 (Exhibit 2, 3/31/2017 Letter, marked)

4

5 MR. YOUNG: Good afternoon, my name is Brian
6 Young and I am at Arbella's Wakefield office to take the
7 examination under oath of Alvaro Rodrigues.
8 Mr. Rodrigues's examination under oath was scheduled to
9 take place earlier today Monday, April 10, 2017 at 2 p.m.

10 It is now, 2:23 p.m. and he has not appeared so we are
11 making a record of his nonappearance.

12 We have marked as Exhibit 1 Alvaro Rodrigues's
13 examination under oath notice letter that was sent to 1

14 We have marked as
15 Exhibit 2 Alvaro Rodrigues's examination under oath notice
16 letter that was sent to

17 Thank you.

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COMMONWEALTH OF MASSACHUSETTS

I, ELISABETH ZAHARIADIS, Certified Shorthand Reporter, do hereby certify that the foregoing is a true and accurate transcription of my stenographic notes, to the best of my knowledge and ability.

WITNESS MY HAND, this 26th day of April, 2017.



Elisabeth Zahariadis

**VIA FIRST CLASS MAIL AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED #7015 1730 0000 1520 3061**

March 30, 2017

Leandro Rother Rodrigues

RE:	Examination Under Oath
	Claim Number: 033809228
	Date of Loss: 3/8/2017
	Claimant: Leandro Rother Rodrigues
	Insured: Rother Enterprises Inc.

Dear Ms. Rodrigues:

Please be advised that Arbella Mutual Insurance Company (Arbella) requests that you appear at an examination under oath in connection with the above-captioned claim.

The examination has been scheduled for **Monday, April 10, 2017** commencing at **12:00 p.m.**, at Arbella's Wakefield office, which is located at **101 Edgewater Drive, Suite 150, Wakefield, MA**. Directions are enclosed. I will provide a stenographer for the examination. Please let me know if an interpreter is needed. I will provide an interpreter if needed, but you must let me know a week in advance so that I can properly schedule one.

Please bring photographic identification to the examination.

If the claim involves **loss or damage to property**, please bring the following documents to the extent they have not been previously supplied to an Arbella representative:

1. Copies of all documents pertaining to wages, including but not limited to Schedule C's, K-1's, and W-2 forms and state and federal tax returns for the 2 years before the date of loss;
2. Copies of worker's compensation audits performed by the Commonwealth of Massachusetts;
3. Copies of all payments for worker's compensation insurance;

4. Copies of the declarations page and coverage page for all worker's compensation and general liability insurance for the company for the years 2014 through present;
5. A valid operator's license to operate a vehicle in the Commonwealth of Massachusetts;
6. Copies of all documents showing damage to the vehicle you either occupied, operated or were struck by, at the time of the claimed losses;
7. Copies of all documents pertaining to business income, and existence of the company, including but not limited to:
 - a. Tax forms and filings for state and federal tax returns for the 2 years before the date of this loss;
 - b. Articles of Organization;
 - c. Copies of all permits required to carry on the business;
 - d. Customer lists;
 - e. Cancelled checks from your business account for the period beginning on December 1, 2017, and ending on the date of the EUO;
 - f. Copies of the business' savings and checking bank statements for the period beginning on December 1, 2016, and ending on the date of the EUO;
 - g. Copies of all payroll records for the period beginning December 1, 2016, and ending March 31, 2017;
 - h. Your work schedule for the months of January, February, and March of 2017;
 - i. Copies of all accounts payable for the period beginning December 1, 2016, and ending on March 31, 2017;
 - j. Copies of all accounts receivable for the period beginning December 1, 2016, and ending on March 31, 2017; and
 - k. A copy of the mileage log for the months
8. Copies of all documents showing the purchase, maintenance, improvements to, or the repair to the vehicle involved in these claims;
9. Copies of all photographs or other renderings showing the condition of the property prior to and/or subsequent to the claimed losses;
10. Copies of all documents which show your ownership interest in the property which is the subject matter of these losses, and all documents which show your authority to own such property if it is held under a corporation, business name or the like;
 - a. The title of the vehicle;
 - b. The Bill of Sale for the purchase of the vehicle;
 - c. If the vehicle was purchased at an auction, all information regarding the location, date, time, and name of the auction and auction facility.

11. Copies of all documents utilized or relied upon in submitting the claims involved herein.

If the claim involves loss or damage to property, please bring the following documents to the extent they have not been previously supplied to an Arbella representative:

~~The refusal to participate in this examination may be deemed a material breach of the insurance contract and may be a basis for denying a claim under the policy.~~

In scheduling this examination and demanding compliance with the policy requirements, Arbella expressly reserves all of its rights and defenses under the policy and at law and does not in any way waive compliance with the terms and conditions of the insurance policy. All policy conditions and defenses are, and will remain, in full force and effect until this investigation is concluded. Please call me at the number below with any questions.

Very truly yours,

Brian J. Young, Esquire
(617)723-7339 ext. 17

BJY:ljd
Enclosure

**VIA FIRST CLASS MAIL AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED #7015 1730 0000 1520 3054**

March 30, 2017

Mr. Leonardo Rodrigues

RE:	Examination Under Oath
	Claim Number: 033809228
	Date of Loss: 3/8/2017
	Claimant: Leonardo Rodrigues
	Insured: Rothier Enterprises Inc.

Dear Mr. Rodrigues:

Please be advised that Arbella Mutual Insurance Company (Arbella) requests that you appear at an examination under oath in connection with the above-captioned claim.

The examination has been scheduled for **Monday, April 10, 2017** commencing at **10:00 a.m.**, at Arbella's Wakefield office, which is located at **101 Edgewater Drive, Suite 160, Wakefield, MA**. Directions are enclosed. I will provide a stenographer for the examination. Please let me know if an interpreter is needed. I will provide an interpreter if needed, but you must let me know a week in advance so that I can properly schedule one.

Please bring photographic identification to the examination.

If the claim involves **loss or damage to property**, please bring the following documents to the extent they have not been previously supplied to an Arbella representative:

1. Copies of all documents pertaining to wages, including but not limited to Schedule C's, K-1's, and W-2 forms and state and federal tax returns for the 2 years before the date of loss;
2. Copies of worker's compensation audits performed by the Commonwealth of Massachusetts;
3. Copies of all payments for worker's compensation insurance;

4. Copies of the declarations page and coverage page for all worker's compensation and general liability insurance for the company for the years 2014 through present;
5. A valid operator's license to operate a vehicle in the Commonwealth of Massachusetts;
6. Copies of all documents showing damage to the vehicle you either occupied, operated or were struck by, at the time of the claimed losses;
7. Copies of all documents pertaining to business income, and existence of the company, including but not limited to:
 - a. Tax forms and filings for state and federal tax returns for the 2 years before the date of this loss;
 - b. Articles of Organization;
 - c. Copies of all permits required to carry on the business;
 - d. Customer lists;
 - e. Cancelled checks from your business account for the period beginning on December 1, 2017, and ending on the date of the EUO;
 - f. Copies of the business' savings and checking bank statements for the period beginning on December 1, 2016, and ending on the date of the EUO;
 - g. Copies of all payroll records for the period beginning December 1, 2016, and ending March 31, 2017;
 - h. Your work schedule for the months of January, February, and March of 2017;
 - i. Copies of all accounts payable for the period beginning December 1, 2016, and ending on March 31, 2017;
 - j. Copies of all accounts receivable for the period beginning December 1, 2016, and ending on March 31, 2017; and
 - k. A copy of the mileage log for the months
8. Copies of all documents showing the purchase, maintenance, improvements to, or the repair to the vehicle involved in these claims;
9. Copies of all photographs or other renderings showing the condition of the property prior to and/or subsequent to the claimed losses;
10. Copies of all documents which show your ownership interest in the property which is the subject matter of these losses, and all documents which show your authority to own such property if it is held under a corporation, business name or the like;
 - a. The title of the vehicle;
 - b. The Bill of Sale for the purchase of the vehicle;
 - c. If the vehicle was purchased at an auction, all information regarding the location, date, time, and name of the auction and auction facility.

11. Copies of all documents utilized or relied upon in submitting the claims involved herein.

The refusal to participate in this examination may be deemed a material breach of the insurance contract and may be a basis for denying a claim under the policy.

In scheduling this examination and demanding compliance with the policy requirements, Arbella expressly reserves all of its rights and defenses under the policy and at law and does not in any way waive compliance with the terms and conditions of the insurance policy. All policy conditions and defenses are, and will remain, in full force and effect until this investigation is concluded. Please call me at the number below with any questions.

Very truly yours,

Brian J. Young, Esquire
(617)723-7339 ext. 17

BJY:ljd
Enclosure

VIA FIRST CLASS MAIL AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED #7015 1730 0000 1520 3078

March 30, 2017

Mr. Alvaro Rodrigues

RE: Examination Under Oath
Claim Number: 033809228
Date of Loss: 3/8/2017
Claimant: Alvaro Rodrigues
Insured: Rothner Enterprises Inc.

Dear Mr. Rodrigues:

Please be advised that Arbella Mutual Insurance Company (Arbella) requests that you appear at an examination under oath in connection with the above-captioned claim.

The examination has been scheduled for **Monday, April 10, 2017** commencing at **2:00 p.m.**, at **Arbella's Wakefield office, which is located at 101 Edgewater Drive, Suite 160, Wakefield, MA.** Directions are enclosed. I will provide a stenographer for the examination. Please let me know if an interpreter is needed. I will provide an interpreter if needed, but you must let me know a week in advance so that I can properly schedule one.

Please bring photographic identification to the examination.

If the claim involves **loss or damage to property**, please bring the following documents to the extent they have not been previously supplied to an Arbella representative:

1. Copies of all documents pertaining to wages, including but not limited to Schedule C's, K-1's, and W-2 forms and state and federal tax returns for the 2 years before the date of loss;
2. Copies of worker's compensation audits performed by the Commonwealth of Massachusetts;
3. Copies of all payments for worker's compensation insurance;

4. Copies of the declarations page and coverage page for all worker's compensation and general liability insurance for the company for the years 2014 through present;
5. A valid operator's license to operate a vehicle in the Commonwealth of Massachusetts;
6. Copies of all documents showing damage to the vehicle you either occupied, operated or were struck by, at the time of the claimed losses;
7. Copies of all documents pertaining to business income, and existence of the company, including but not limited to:
 - a. Tax forms and filings for state and federal tax returns for the 2 years before the date of this loss;
 - b. Articles of Organization;
 - c. Copies of all permits required to carry on the business;
 - d. Customer lists;
 - e. Cancelled checks from your business account for the period beginning on December 1, 2017, and ending on the date of the EUO;
 - f. Copies of the business' savings and checking bank statements for the period beginning on December 1, 2016, and ending on the date of the EUO;
 - g. Copies of all payroll records for the period beginning December 1, 2016, and ending March 31, 2017;
 - h. Your work schedule for the months of January, February, and March of 2017;
 - i. Copies of all accounts payable for the period beginning December 1, 2016, and ending on March 31, 2017;
 - j. Copies of all accounts receivable for the period beginning December 1, 2016, and ending on March 31, 2017; and
 - k. A copy of the mileage log for the months
8. Copies of all documents showing the purchase, maintenance, improvements to, or the repair to the vehicle involved in these claims;
9. Copies of all photographs or other renderings showing the condition of the property prior to and/or subsequent to the claimed losses;
10. Copies of all documents which show your ownership interest in the property which is the subject matter of these losses, and all documents which show your authority to own such property if it is held under a corporation, business name or the like;
 - a. The title of the vehicle;
 - b. The Bill of Sale for the purchase of the vehicle;
 - c. If the vehicle was purchased at an auction, all information regarding the location, date, time, and name of the auction and auction facility.

11. Copies of all documents utilized or relied upon in submitting the claims involved herein.

The refusal to participate in this examination may be deemed a material breach of the insurance contract and may be a basis for denying a claim under the policy.

In scheduling this examination and demanding compliance with the policy requirements, Arbella expressly reserves all of its rights and defenses under the policy and at law and does not in any way waive compliance with the terms and conditions of the insurance policy. All policy conditions and defenses are, and will remain, in full force and effect until this investigation is concluded. Please call me at the number below with any questions.

Very truly yours,

Brian J. Young, Esquire
(617)723-7339 ext. 17

BJY:lj
Enclosure

SULLIVAN & YOUNG, LLP
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10 Tremont Street
Suite 404

Boston, Massachusetts 02108
Telephone (617) 723-7339
Fax (617) 723-7731

Josua B. Sullivan
Erin J. Young

Caroline R. Lieder
Sarandos Markopoulos

VIA FIRST CLASS MAIL AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED #7015 1528 0001 8759 0827

Willie J. Davis
Of Counsel
Frances L. Robinson
Of Counsel

March 31, 2017

Mr. Alvaro Rodrigues

RE: Examination Under Oath
Claim Number: 033809228
Date of Loss: 3/8/2017
Claimant: Alvaro Rodrigues
Insured: Rothier Enterprises Inc.

Dear Mr. Rodrigues:

Please be advised that Arbella Protection Insurance Company (Arbella) requests that you appear at an examination under oath in connection with the above-captioned claim.

The examination has been scheduled for **Monday, April 10, 2017** commencing at **2:00 p.m.**, at Arbella's Wakefield office, which is located at **101 Edgewater Drive, Suite 160, Wakefield, MA**. Directions are enclosed. I will provide a stenographer for the examination. Please let me know if an interpreter is needed. I will provide an interpreter if needed, but you must let me know a week in advance so that I can properly schedule one.

Please bring photographic identification to the examination.

If the claim involves loss or damage to property, please bring the following documents to the extent they have not been previously supplied to an Arbella representative:

1. Copies of all documents pertaining to wages, including but not limited to Schedule C's, K-1's, and W-2 forms and state and federal tax returns for the 2 years before the date of loss;
2. Copies of worker's compensation audits performed by the Commonwealth of Massachusetts;

Alvaro Rodrigues
Page 2 of 3
March 31, 2017

3. Copies of all payments for worker's compensation insurance;
4. Copies of the declarations page and coverage page for all worker's compensation and general liability insurance for the company for the years 2014 through present;
5. A valid operator's license to operate a vehicle in the Commonwealth of Massachusetts;
6. Copies of all documents showing damage to the vehicle you either occupied, operated or were struck by, at the time of the claimed losses;
7. Copies of all documents pertaining to business income, and existence of the company, including but not limited to:
 - a. Tax forms and filings for state and federal tax returns for the 2 years before the date of this loss;
 - b. Articles of Organization;
 - c. Copies of all permits required to carry on the business;
 - d. Customer lists;
 - e. ~~Cancelled checks from your business account for the period beginning on December 1, 2017, and ending on the date of the EUO;~~
 - f. Copies of the business' savings and checking bank statements for the period beginning on December 1, 2016, and ending on the date of the EUO;
 - g. Copies of all payroll records for the period beginning December 1, 2016, and ending March 31, 2017;
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 - j. Copies of all accounts receivable for the period beginning December 1, 2016, and ending on March 31, 2017; and
 - k. A copy of the mileage log for the months
8. Copies of all documents showing the purchase, maintenance, improvements to, or the repair to the vehicle involved in these claims;
9. Copies of all photographs or other renderings showing the condition of the property prior to and/or subsequent to the claimed losses;
10. Copies of all documents which show your ownership interest in the property which is the subject matter of these losses, and all documents which show your authority to own such property if it is held under a corporation, business name or the like;
 - a. The title of the vehicle;
 - b. The Bill of Sale for the purchase of the vehicle;

Alvaro Rodrigues
Page 3 of 3
March 31, 2017


c. If the vehicle was purchased at an auction, all information regarding the location, date, time, and name of the auction and auction facility.

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Very truly yours,



Brian J. Young, Esquire
(617)723-7339 ext. 17

BJY:ljd
Enclosure

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Fax (617) 723-7731

Joshua D. Sullivan
Brian J. Young

Caroline R. Lieder
Sarandos Markopoulos

VIA FIRST CLASS MAIL AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED #7015 1520 0002 7605 6708

Willie J. Davis
Of Counsel
Frances L. Robinson
Of Counsel

March 31, 2017

Mr. Leonardo Rodrigues

RE: Examination Under Oath
Claim Number: 033809228
Date of Loss: 3/8/2017
Claimant: Leonardo Rodrigues
Insured: Rothier Enterprises Inc.

Dear Mr. Rodrigues:

Please be advised that Arbella Protection Insurance Company (Arbella) requests that you appear at an examination under oath in connection with the above-captioned claim.

The examination has been scheduled for **Monday, April 10, 2017** commencing at **10:00 a.m.**, at Arbella's Wakefield office, which is located at **101 Edgewater Drive, Suite 160, Wakefield, MA**. Directions are enclosed. I will provide a stenographer for the examination. Please let me know if an interpreter is needed. I will provide an interpreter if needed, but you must let me know a week in advance so that I can properly schedule one.

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Leonardo Rodrigues
Page 2 of 3
March 31, 2017

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6. Copies of all documents showing damage to the vehicle you either occupied, operated or were struck by, at the time of the claimed losses;
7. Copies of all documents pertaining to business income, and existence of the company, including but not limited to:
 - a. Tax forms and filings for state and federal tax returns for the 2 years before the date of this loss;
 - b. Articles of Organization;
 - c. Copies of all permits required to carry on the business;
 - d. Customer lists;
 - e. ~~Cancelled checks from your business account for the period beginning on December 1, 2017, and ending on the date of the EUO;~~
 - f. Copies of the business' savings and checking bank statements for the period beginning on December 1, 2016, and ending on the date of the EUO;
 - g. Copies of all payroll records for the period beginning December 1, 2016, and ending March 31, 2017;
 - h. Your work schedule for the months of January, February, and March of 2017;
 - i. Copies of all accounts payable for the period beginning December 1, 2016, and ending on March 31, 2017;
 - j. Copies of all accounts receivable for the period beginning December 1, 2016, and ending on March 31, 2017; and
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8. Copies of all documents showing the purchase, maintenance, improvements to, or the repair to the vehicle involved in these claims;
9. Copies of all photographs or other renderings showing the condition of the property prior to and/or subsequent to the claimed losses;
10. Copies of all documents which show your ownership interest in the property which is the subject matter of these losses, and all documents which show your authority to own such property if it is held under a corporation, business name or the like;
 - a. The title of the vehicle;
 - b. The Bill of Sale for the purchase of the vehicle;

Leonardo Rodrigues
Page 3 of 3
March 31, 2017

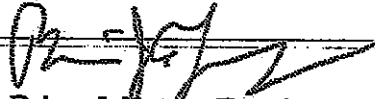
c. If the vehicle was purchased at an auction, all information regarding the location, date, time, and name of the auction and auction facility.

11. Copies of all documents utilized or relied upon in submitting the claims involved herein.

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Very truly yours,



Brian J. Young, Esquire
(617)723-7339 ext. 17

BJY:ljd
Enclosure

Summaries of Point Policy Investigations (With Record Citations)

SAFE STONE MASONRY

In 2013, Douglas DeMatos went to the Lowell Office of the Rapo and Jepsen Agency in order to get a policy of insurance for himself and his two friends. None of them had operators' licenses of any kind and this fact was known to the agency. (Exhibit 1(a), Recorded Statement of Douglas DeMatos, p.23) The agency formed a corporation called Safe Stones Masonry and issued a policy of insurance for three vehicles and two operators: Douglas DeMatos and Douglas C. Barbosa. Mr. DeMatos was under the impression that a third operator, his friend Debra, was also covered under the policy. However, the Agency never requested that she be added as an operator. Neither of the other operators were employees of Safe Stone Masonry. Safe Stone Masonry had one project which failed in 2013 or 2014 and has not been operational since that time. Mr. DeMatos charged the two friends for their insurance by the month and he made cash payments to the Rapo & Jepsen Agency. (Exhibit 1(a) Recorded Statement, p. 8-9, 12)

In 2016, Mr. DeMatos policy was cancelled for nonpayment. He went to the Point Insurance Agency, which he believed was still Rapo & Jepsen and he was told that they would re-write a new policy for him. However, the agency employee named Lucas told him that he needed to find "someone" with a Massachusetts license because Arbella had cancelled the last two policies submitted by Point because there were no licenses submitted with the application. (Exhibit 1(a), Recorded Statement, p.31, 35-36) DeMatos telephoned his friend Reymon Silva from the agency and asked him if he could use his license. Reymon agreed and the copy of the Silva license was emailed to Lucas, who cropped off the edges and submitted it with the application for insurance, in which the agency falsely claimed that the licensed driver, Reymon Silva was an employee of Safe Stone and an operator of the vehicle. (Exhibit 1(a), Recorded Statement, p. 37-39, Exhibit 1(a)i, License copy of Reymon Silva) Mr. DeMatos never represented that Mr. Silva was an employee or driver of the DeMatos vehicles and it was understood that he was merely providing a license for the purpose of misrepresenting the same to Arbella.

When contacted, Mr. Silva acknowledged giving permission for Mr. DeMatos to use a copy of his driver's license to get insurance. He owns his own auto shop and does not now and has not ever worked for Mr. DeMatos. He has driven one of Mr. DeMatos' cars once socially and had no idea he was listed as Vice President on the filing for Safe Stones Masonry at the Secretary of State's Office. (Exhibit 1(b), Recorded Statement of Reymon Silva, p.2). His

name was placed on the filing at the Secretary of State's Office in November of 2016- two months after Point was appointed to Arbella as an ERP.

VH IMPROVEMENT/MARCELO DOS SANTOS

Marcelo Dos Santos operates a general construction business incorporated as VH Improvement. He has no driver's license. He owns a Chevy Traverse and a Chevy Silverado 2500. On December 22, 2016, he went into the Point Insurance Agency in Framingham and spoke to Andre. DesSantos was asked to provide his tax identification number, a business card and a license. He was told "it could be an employee's license or a friend's". (Exhibit 2(a), Recorded Statement of Marcelo DosSantos,p.6-7) DosSantos contacted his friend Robert Foley and asked if he could get a copy of Foley's Mass license. Foley agreed. Foley is not now and never has been an employee of VH Improvement. He does not drive Dos Santos' cars. (Exhibit 2(a), Recorded Statement of Marcelo Dos Santos, p.8; Exhibit 2(b), Recorded Statement of Robert Foley, p.1-3)

Mr. DosSantos was under the impression that at Point Insurance, "that's how they work; if have an employee that works for you, that's good but if you have a friend too, that's fine"... "if you have somebody with a license it will work" (Exhibit 2(a), Recorded Statement, p.15-17)

CHUN RESTAURANT MAINTENANCE

On January 27, 2016, Daniel DeLima of the Rapo and Jepsen agency Lowell office submitted an application for insurance on behalf of Chun Restaurant Maintenance. The sole operator on the policy was Roberto Escalante-Chun. The business is described as restaurant cleaners. Mr. Chun purchased his car from John's Auto sales in Somerville and all registration and insurance was handled by the Dealer and the Rapo and Jepsen Agency. (Exhibit 3(a), Recorded Statement of Roberto Escalante Chun, p.4-5)

In December of 2016, Mr. Chun received a renewal application from Arbella. The application asked questions regarding his restaurant maintenance business. Because he did not have a business, Mr. Chun was informed that his Commercial policy would not be renewed. Mr. Chun went to the Lowell Office of Pont Insurance in order to sort the matter out and was told to go to the Everett Office. (Exhibit 3(a), Recorded Statement, p.9) At the Everett Office, Mr. Chun was told that for a fee of \$450, they could create a new business for him in order to procure another commercial policy. (Exhibit 3(a), Recorded Statement, p.10-11) Mr. Chun declined that offer and went to the David Zeller Agency where he was told that he had been 'scammed", that the titles to his cars were in the business name and that he should go to the RMV and try to fix the title. Eventually, he was able to transfer the titles to himself as an individual at a cost of \$693 for sales tax, \$60 for license plates and \$75 for the titling fee. (Exhibit 3(a), Recorded statement, p.17-19)

On January 4, 2017, Point Insurance sent a renewal application to Arbella for an alleged "restaurant maintenance business" with a single operator named Roberto Escalante Chun. (Exhibit 3(b), Renewal Application)

PILAR OBERGON

Pilar Obergon has worked for Rita's Catering for 16 years. In January of 2016, Daniel DeLima of the Rapo & Jepsen Office in Lowell, Massachusetts submitted documentation and an application for insurance for Mr. Obergon which falsely represented that the applicant owned a catering company named Pilar Catering. The policy at issue covers a Honda Civic and a Nissan Pathfinder. The Honda is driven by Mr. Obergon's daughter.

In November of 2016, Arbella sent out a renewal questionnaire in regard to the policy for Pilar's Catering. The renewal application was not returned and Arbella sent a Notice of Non Renewal on November 29, 2016. (Exhibit 4(d)) On December 16, 2016, Pilar Obergon went to the Point Insurance office in Everett, Massachusetts and spoke to Leandro. (Exhibit 4(b), Recorded Statement of Pilar Obergon, p. 2-3) Mr. Obergon explained to Leandro that he did not have his own catering business and that his vehicle is used for pleasure. (Exhibit 4(b), Recorded Statement, page 3)

Arbella received a renewal application via facsimile from Point Insurance on December 16, 2016 which indicated that Mr. Obergon did had his own business and did not work for another and uses his vehicle for pleasure. Arbella non-renewed the policy on the basis that the application was no longer eligible for a commercial policy. Correspondence was then exchanged between Leandro Rodrigues and Arbella's Commercial Lines Underwriting Department in which Rodrigues took the position that Mr. Obergon was eligible for a Commercial policy. (Exhibit 4©, Renewal Application and Exhibit 4(d), Correspondence between Lendro Rodrigues and Arbella Underwriting) **Arbella's underwriting Department stood on its non-renewal decision. On December 28, 2016, Arbella informed Point that the policy would not be renewed as a Commercial Policy without proof of business tax returns. On January 13, 2017, Rodriguez simply filed an application for a new policy using the same false representations as had been used with the prior policy. (Exhibit 4(f), Commercial Insurance Application)**

Leandro told Mr. Obergon that Point would continue filing paperwork indicating that Mr. Obergon was an owner of Pilar's Catering "so that he could get a cheaper rate". (Exhibit 4(b), Recorded Statement, p.4)

NADEGE JEAN CLAUDE/NADEGE JEWELRY

On October 21, 2014, the first of three fraudulent applications for Nadege Jean Claude d.b.a. Nadege Jewelry was submitted to Arbella by the Rapo & Jepsen Agency. The original application represented that Ms. Jean Claude ran a Jewelry business; in support of this assertion the application was submitted with a business card as well as correspondence from the Internal Revenue Service informing Ms. Jean Claude that an Employer Identification Number had been assigned to the Jewelry business. (Exhibit 5(a), Original Application)

Daniel DeLima of the Boston Office of Rapo & Jepsen submitted a second application for a Commercial Policy for Nadege Jewelry to Arbella on January 20, 2015. (Exhibit 5(e), Application) The second application was submitted with the same supporting documents: a business card as well as correspondence from the Internal Revenue Service informing Ms. Jean Claude that an Employer Identification Number had been assigned to the Jewelry business.

Ms. Jean Claude has never owned or operated a Jewelry business. (Exhibit 5(b), Recorded statement of Nadege Jean Claude, p.6)

Ms. Jean Claude received a renewal application from Arbella in December of 2016. She described her business as "Haircutting" because she rents a Chair at a salon where she works part time. (Exhibit 5(b), Recorded Statement, p.3; Exhibit 5(c), Renewal Application)

On January 10, 2017, Arbella notified Point Insurance that the policy would not be renewed as Arbella had not been provided with any proof of the business' existence and that there was a discrepancy between the original application articulating the type of business as "Jewelry" and the renewal application stating that the business engaged in was "hair cutting". (Exhibit 5(d), Notice of Nonrenewal and Correspondence with Point)

In response, Point Insurance submitted an application for a new policy which made the same false representations (i.e. that Ms. Jean Claude owned a Jewelry Business) that had been made twice before. (Exhibit 5(f), Application) Ms. Jean Claude was told that the new policy was necessary due to the imminent nature of the cancellation date of January 20, 2017. (Exhibit 5(b), Recorded Statement, p. 15-16)

EDILSON LOPEZ/LOPEZ IRON WORK

In February of 2015, Rapo & Jepsen Services submitted an application for Commercial Insurance on behalf of Lopez Iron Work. In support of the application, the agency submitted correspondence from the Internal Revenue Service assigning an Employer Identification Number and a description of the

business type as "Iron Work". (Exhibit 6(a), Initial Application for Insurance) The policy covered three vehicles: a 2010 Honda Pilot, a 2009 Nissan Rogue, and a 2000 Honda Accord. There are two operators: Edilson Lopez and Brian Morales. This application was fraudulent. There is not an entity known as Lopez Iron Work.

Edilson Lopez works as a machine operator at a meat processing plant in Tewksbury. Brian Morales is currently a tow truck driver for AAA. Neither have ever worked at an Iron Works Company and neither own one. Both Mr. Lopez and Mr. Morales indicated that they had no idea that the policy was set up with an Iron Works Corporation. All documents for insurance and sale were handled by the salesman at Supreme Auto Sales. (Exhibit 6(b), Recorded Statement of Edilson Lopez and Brian Morales, p.1)

Sometime in December of 2016, Edilson Lopez received a renewal questionnaire from Arbella. Mr. Lopez does not write, read or speak English. He went to the Point Office in Everett. There he told Leandro at the agency that he had no business. Leandro filled in the renewal application and represented that Mr. Lopez business of Iron Works was in operation with two employees- Brian Morales and Edilson Lopez. Leandro then advised Mr. Lopez to "wait and see if it goes through". When Mr. Lopez asked if he should change policies because he did not have a business, he was told "that would be like starting all over again" and that "he would be able to keep the policy, no problem, as long as Arbella accepts it". (Exhibit 6(b), Recorded Statement, p.6) As directed by Leandro, Mr. Lopez returned to the agency on February 1st, 2017 and was told that the policy would be renewed and that Mr. Lopez down payment for renewal would be \$840. Mr. Lopez paid the \$840 on February 10, 2017. (Exhibit 6(b), p.7)

JSANTANA PLASTERING/MARIAM BEUREKJIAN

Just three weeks after opening its doors as Point Insurance Agency, on October 1, 2016, Point submitted an application for a Commercial Insurance Policy on behalf of Jsantana Plastering, LLC. The application indicated that the only operator of the 2016 Chevy Express and Nissan Pathfinder insured vehicles was Mariam Beurekjian. (Exhibit 7(a), Commercial Insurance Application)

In fact, Mariam Beurekjian never drives the Chevy and does not work for Jsantana Plastering, LLC- these facts were well known to Point at the time of the submission of the application.

Jaime Santana is from Brazil and has only a Brazilian operator's license. He created a Plastering Business with the help of his girlfriend Mariam Berekjian. When he purchased the Chevy Express for the business, he was directed to Point Insurance by the auto dealer from whom he purchased the vehicle. He

went to the Everett Office of Point and spoke to Leandro. Mr. Santana informed Leandro that he had a Brazilian license and Leandro told him that he needed to find someone with a Massachusetts license. Mr. Santana returned to the agency with his girlfriend Mariam. Mariam works as a real estate agent and is not now, and never has been, an employee of the plastering business run by Mr. Santana. Mariam provided Leandro with the paperwork generated when she set the company up for Jaime Santana on line. She also supplied her driver's license. She was not told that she would be listed as the only operator of the business vehicles. Nor was Jaime Santana. He was simply told that he had to get someone with a Massachusetts license or he would not be able to get insurance. (Exhibit 7(b), Recorded Statement of Jaime Santana and Mariam Berrekjian, p.9-10)

DARWIN COLINDRES DBA COLL HANDYMAN

When Darwin Colindres purchased a 2009 BMW in 2015, the dealership from which he purchased the vehicle colluded with the Rapo & Jepsen Agency to falsely claim that Mr. Colindres owned a business involved in Construction. In fact, Mr. Colindres has a Massachusetts drivers license and has, at the time of the original application for insurance submitted by Rapo & Jepsen as well as at the time the Renewal application was submitted by Point insurance, worked for SKM delivery service driving a box truck. He was told that in order to afford the vehicle, he needed to get a policy through Arbella. He did not learn that Rapo & Jepsen had submitted an application for a Commercial Policy until he attempted to renew his registration. (Exhibit 8(a), Recorded Statement of Darwin Colindres, p.1-2,5-6; Exhibit 8(b), Renewal Application)

On January 5th of 2017, Mr. Colindres' policy came up for renewal. He does not write or speak English. He brought the application to Point Insurance. He was asked if he had income tax returns, a license and if he had his own company. He told them that he did not have his own company but he had a license and did not have company tax returns. (Exhibit 8(a), Recorded Statement p.4, 5) In spite of the fact that Mr. Colindres told the man at the Point Insurance Agency that he did not have his own business, Point Insurance filled in the Renewal Application falsely representing that he owned his own business and did not work for someone else. (Exhibit 8(b), Renewal Application for Coll Handyman) Mr. Colindres was told that if he didn't have a company, his insurance was going to be "very very expensive" due to his driving record. (Exhibit 8(a), Recorded statement, p.7)

JAO LIMA/W AND J PAINTING CORPORATION

When the policy for W and J Painting Corporation came up for renewal, Jao Battista Lima received a telephone call from someone from the Boston Office of Point Insurance. (Exhibit 9(b), Recorded Statement of Jao Lima, p. 6)

At the instruction of the caller from the Boston Office, In January of 2017, Jao Lima went to the Point Insurance agency Marlborough location and spoke with Christina Olegario. (Exhibit 9(b), Recorded Statement, p. 4) Mr. Lima does not have a license to operate, other than a Brazilian license. Mr. Lima's prior policy with Arbella had been obtained through Rapo & Jepsen and had been cancelled for non-payment. That policy listed two operators: Mr. Lima and his ex-wife, Walkera Joda. Neither had Massachusetts licenses and Ms. Joda was not an employee as had been falsely represented on the prior application.

On January 5, 2017, Point Insurance submitted an application for a new policy for Mr. Lima as W and J Painting Corporation listing Stacey Mattera as a driver of the insured vehicle and employee of W and J. She is neither. She is Mr. Lima's current girlfriend. (Exhibit 9(b), Recorded Statement, p. 9) Mr. Lima was told by Christina Galvin at the Marlborough office of Point Insurance that he needed "anybody" with a valid Massachusetts license in order to reinstate his policy. (Exhibit 9(b), Recorded Statement, p.10-11) Mr. Lima never told anyone that Stacey Mattera worked as an employee for his painting company. In fact, she works at a hotel. (Exhibit 9(b), Recorded Statement, p. 13-14) Christina at the Marlborough office of Point was fully aware that: 1) Mr. Lima had only a Brazilian license; 2) Stacey Mattera was not an employee of the Painting company and 3) Stacey Mattera was a friend of Mr. Lima's. (Exhibit 9(b), Recorded statement p.15) In spite of this knowledge, Christina Galvin submitted an application to Arbella on behalf of J and W Painting which represented that Ms. Mattera was an employee and operator of the vehicle to be insured. (Exhibit 9(c), Application for Insurance for J and W Painting)

Onil Auto Care Inc.

The Onil Auto Care policy was written in March of 2016 and was typical of the Rapo & Jepsen policies obtained by fraud. The operator on the policy- Onil Rivas-Martinez did not have a valid driver's license when Rapo & Jepsen applied for a commercial policy for him and misrepresented that he was the principal of an auto body shop. In fact, he works for an auto body shop in which he has no ownership interest. In February of 2017, Mr. Rivas-Martinez obtained a Massachusetts License and went to Point Insurance to try to change "everything over into his own name". He also told the Point employee that he did not have a business and that the business was "fake" and had only been set up to get an insurance policy. (Exhibit 10(b), Recorded Statement of Onil Rivas-Martinez, p.3-4) Lucas Lemes of the Everett office of Point Insurance advised him that it would be much cheaper to purchase a workman's compensation policy and use it as proof of a business (in compliance with Arbella's guidelines for Point).

Although Mr. Rivas Martinez told Mr. Lemes that he had no business, Lemes submitted a renewal application which fraudulently stated that he did. Lemes also emailed Arbella's Commercial Lines Underwriting Department and

represented that Rivas-Martinez "had his own business" and submitted a declarations page for a worker's compensation policy as proof of the same. (Exhibit 10(d), Email from Lucas Lemes and Exhibit 10(d)(i) Declaration Page)

Carlos Desouza

Carlos Desouza works as a personal trainer and sells vitamin supplements online. He also works as a manager of the American Nutritional Fitness Store located in Everett, Massachusetts. He does not have a valid Massachusetts driver's license. His initial policy of insurance represented that he was in business as a personal trainer.

Mr. Desouza's policy was due to renew in May of 2017. Leandro Rodriguez, general manager of Point Insurance sent a series of emails to Arbella's underwriting department insisting that Mr. Souza had an employee, Sindy Sabino with a valid Massachusetts driver's license. (Exhibit 11(b), Emails from Leandro Rodriguez) In fact, Mr. Desouza has verified that Sindy is his sister, not his employee. She works at Salem Five Bank and does not work for him and has never worked for him. Even though he made this clear to Leandro Rodrigues, Rodrigues told him that he had to put his sister on the policy in order to be able to renew the policy. Rodrigues also told him to purchase a worker's compensation policy in order to support the claim that he had his own business. (Exhibit 11(d), Recorded Statement of Carlos DeSouza, p.6)

Lainez Brothers Painting

Oseas Lainez has worked for Jimmy Biglinolo Painting for 10 years. He has never had his own Painting company. (Exhibit 12(c), Recorded Statement of Oseas Lainez-Maritinez, p. 1-2) In January of 2016, Oseas went to Inman Motors in Medford and purchased a 2010 Toyota Tacoma. He was told by the dealer that because he had only an El Salvadorian license, he would need to get a corporation. (Exhibit 12(c), Recorded Statement, p.12,3-4) He was charged \$500 to set up a corporation. When his first insurance payment was due, he went to the Rapo & Jepsen Agency in Everett. He told the people at the agency that he did not have a company, and he was reassured that the practice of representing that he had a company was perfectly legal. (Exhibit 12(c), Recorded Statement, p. 5)

In January of 2017, the policy issued for Lainez Brothers Painting was cancelled due to the insured's failure to return the renewal application to Arbella. (Exhibit 12(b), Notice of Non-Renewal) Oseas received a telephone call from Leandro at Point Insurance instructing him to contact him relative to the non-renewal. (Exhibit 12(c), Recorded Statement, p.17)

Oseas went to the agency which was now Point Insurance. Oseas told Leandro at Point Insurance that he did not have a company. In addition, Oseas told

Leandro that he was just months away from being able to get a Massachusetts license. (Exhibit 12(c), Recorded Statement, p.9-10) He was told that he needed to get someone with a Massachusetts license, the agency would change the President of the Corporation to that person's name, and he would be able to get a new policy. (Exhibit 12(c), Recorded Statement, p.13, 17-18, 8-9) Oseas asked his brother Jose to copy his license, Point directed Oseas to provide a letter to be notarized which falsely stated that Oseas was selling his business to his brother Jose Lainez-Martinez. Point submitted an application for a Commercial Policy to Arbella representing that Jose Lainez-Martinez was the only driver of the vehicle together with Articles of Incorporation from the Secretary of State's Office indicating that Jose was the President of the Corporation. (Exhibit 12(d), Application for Second Policy) Jose works as a maintenance worker for Ledgewood Condominiums and is not involved in a painting business. (Exhibit 12(c), Recorded Statement, p.1-2)

YVETTE SERVICES

Yvette Soto purchased a 2011 Toyota Venza in January of 2016 from Santo Domingo Motors in Lowell. She was told by the dealer to go to Rapo & Jepsen Insurance Agency and she did so. Rapo & Jepsen submitted an application for a commercial policy for Yvette Services on her behalf on January 20, 2016. (Exhibit 13(b), Recorded Statement p.1, Exhibit 13(a), Application for Insurance) At the time, Ms. Soto was running a cleaning business. When the policy came up for renewal, Ms. Soto missed the deadline for her renewal application and went to the Framingham Office of Point Insurance, which she understood to be the same company as she had previously done business with. Ms. Soto reports that she informed the agency that she did not have the cleaning business any longer and that she worked for a Dentist. She also requested that she be changed over to a personal policy, as she had for her other Toyota. The person at the agency told her that she could not get a personal policy; that she had to get a Commercial Policy. (Exhibit 13(b), Recorded Statement of Yvette Soto, p. 3-5, 9) On January 21, 2017, Point Insurance submitted an application for Ms. Soto for a Commercial Policy for Yvette Services, falsely representing that she had a business. (Exhibit 13(c), Application for Insurance)

In March of 2017, the insured vehicle was hit while parked in Boston while Ms. Soto was visiting a friend. The vehicle was a total loss.

LEMUS SERVICES

Manuel Lemus-Navarro went to the Rapo & Jepsen Insurance Agency in Everett in April of 2015 in order to insure his car. He was told that he had to create a business in order to get insurance. (Exhibit 14(b), Recorded Statement of Manuel Lemus-Navarro, p. 3-4) Mr. Lemus-Navarro works as a cook at the Stearns and Hills Bistro in Melrose. He has never had a cleaning business.

The agency submitted an application for a Commercial Policy to Arbella on April 2, 2105 misrepresenting that Mr. Lemus-Navarro had a cleaning business and supplied filings from the Secretary of State to that effect. (Exhibit 14(a), First Application, Exhibit 14(b), Recorded Statement p.2)

When Mr. Lemus-Navarro's policy came up for renewal, he received a telephone call from Point Insurance directing him to come to the agency. (Exhibit 14(b), Recorded Statement, p. 4) When he arrived at the agency he was told that he needed to get someone with a Massachusetts license in order to get his policy renewed. He was not told that the person had to drive the vehicle; nor was he ever asked if the license holder was an employee. (Exhibit 14(b), Recorded statement, p. 7) Mr. Lemus-Navarro telephoned his sister, who supplied him with a photo of her Massachusetts license. (Exhibit 14(b), Recorded Statement, p. 5-6) Agency personnel then filled in the renewal application falsely stating that Rosa Lewis was a driver and providing a copy of her license. (Exhibit 14(c), Renewal Application and Exhibit 14(b), Recorded Statement p.5, 8)

In addition in order to satisfy the renewal requirement imposed by Arbella, Mr. Lemus-Navarro was told to purchase a general liability policy for the nonexistent cleaning company. (Exhibit 14(b), Recorded Statement p.7-8, Exhibit 14(c), Renewal Application, and Exhibit 14(d), Declarations Page from Mount Vernon Fire Insurance Company)

KRY SERVICES

Twenty Four year old Andy Kry works at Cardinal Health in Bedford, Massachusetts. He has never had his own business and states that the first he learned that he had a Commercial Insurance Policy for his Honda Acord was when contacted by Arbella Special Investigations. (Exhibit 15(a), Recorded Statement of Andy Kry, p.1, 15) In March of 2016, Mr. Kry purchased a Honda Accord from a car Dealer in Tewksbury and was told that they would handle all of the paperwork. (Exhibit 15(a), Recorded Statement, p.2) The Rapo & Jepsen agency submitted an application for a Commercial Policy and misrepresented that Mr. Kry was the principal of Kry Services, a janitorial concern. (Exhibit 15(b), Original Application)

When the policy came up for renewal, Mr. Kry received a renewal application and went to Point Insurance for assistance. Mr. Kry reports that the woman with whom he dealt at Point asked him no questions about whether he had a business. (Exhibit 15(a), Recorded Statement, p.3-4).

On February 8, 2017, Point submitted a renewal application, together with correspondence from the Internal Revenue Service informing Mr. Kry of his employer tax identification number dated March of 2016. (Exhibit 15(c), Renewal Application)

TABLE OF CONTENTS

1. **Safe Stone Masonry**
 - a. Douglas De Matos Recorded Statement
 - i. Copy of driver's license of Reymon Silva
 - b. Reymon Silva Recorded Statement
 - c. Commercial Insurance Application
 - d. Safe Stones Masonry Business Entity Summary
2. **VH Improvement/Marcelo Dos Santos**
 - a. Marcelo Dos Santos Recorded Statement
 - b. Robert Foley Recorded Statement
 - c. Commercial Insurance Application
3. **Chun Restaurant Maintenance**
 - a. Recorded Statement of Roberto Escalante Chun
 - b. Commercial Auto Renewal Application
4. **Pilar Obergon**
 - a. Commercial Insurance Application (January, 2016)
 - b. Pilar Obergon Recorded Statement
 - c. Commercial Auto Renewal Application
 - d. Correspondence between Leandro Rodriguez and Underwriting
 - e. Commercial Insurance Application (January, 2017)
5. **Jean Claude Nadege**
 - a. Commercial Insurance Application (October 13, 2014)
 - b. Jean Claude Nadege Recorded Statement
 - c. Commercial Auto Renewal Application

- d. Notice of Non-Renewal
 - e. Commercial Insurance Application (January 20, 2015)
 - f. Commercial Insurance Application (January 19, 2017)
6. **Edilson Lopez**
- a. Commercial Insurance Application (February 11, 2015)
 - b. Edilson Lopez Recorded Statement (Assisted by Brian Morales)
 - c. Commercial Auto Renewal Application
7. **JSantana Plastering, LLC**
- a. Commercial Insurance Application
 - b. Jamie Santana and Mariam Berrekjian Recorded Statement
8. **Darwin Collindres d/b/a Coll Handyman**
- a. Darwin Collindres Recorded Statement
 - b. Commercial Auto Renewal Application
9. **Joao Lima/W and J Painting Corporation**
- a. Commercial Insurance Application (December 31, 2014)
 - b. Joao Lima Recorded Statement
 - c. Commercial Insurance Application (January 6, 2017)
10. **Onil Auto Care Inc.**
- a. Commercial Insurance Application (March 4, 2016)
 - b. Onil Rivas-Martinez Recorded Statement
 - c. Commercial Auto Renewal Application
 - d. Emails from Lucas Lemes
 - i. Declarations Page
11. **Carlos Desouza**

- a. Commercial Insurance Application (May 11, 2016)
 - b. Correspondence between Leandro Rodriguez and Arbella
 - c. Commercial Auto Renewal Application
 - d. Carlos Desouza Recorded Statement
12. **Oseas Lainez-Martinez**
- a. Application for Commercial Policy (January 25, 2016)
 - b. Notice of Non-Renewal
 - c. Oseas Lainez-Martinez Recorded Statement
 - d. Application for Second Commercial Policy
13. **Yvette Services**
- a. Application for Insurance (First)
 - b. Yvette Soto Recorded Statement
 - c. Application for Insurance (Second)
14. **Lemus Services**
- a. Application for Insurance (First)
 - b. Manuel Lemus Navarro Recorded Statement
 - c. Renewal Application (March 21, 2017)
 - d. Declaration Page
15. **KRY Services**
- a. Andy Kry Recorded Statement
 - b. Commercial Insurance Application (3/4/2016)
 - c. Commercial Auto Renewal Application (2/8/17)

EXHIBIT 1

SAFE STONE MASONRY

Arbella Insurance Group
Claim No. 10020060487

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

2

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

4

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

5

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

6

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

7

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

9

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

10

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

11

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

12

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

13

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

14

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 --

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

15

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,

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

16

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

17

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

18

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

19

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

20

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

21

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

22

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

23

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 Lowell?

A. Both in Lowell, 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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

24

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

Linda A. Fewler

Arbella Insurance Group
Claim No. 10020060487

25

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

26

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 --

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

27

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

28

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

29

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

30

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

31

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

32

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

33

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

34

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.

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

35

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

36

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

37

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 --

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

38

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

39

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

40

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 --

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

41

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

42

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

43

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

44

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.

Linda A. Fowler

Arbelia Insurance Group
Claim No. 10020060487

45

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,

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

47

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 10020060487

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



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

ARBELLA ANNUAL GROUP

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
978-275-9997

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:
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

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/doj 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.

Arbella Insurance Group
Claim No. 1020060487

1 (b)

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?

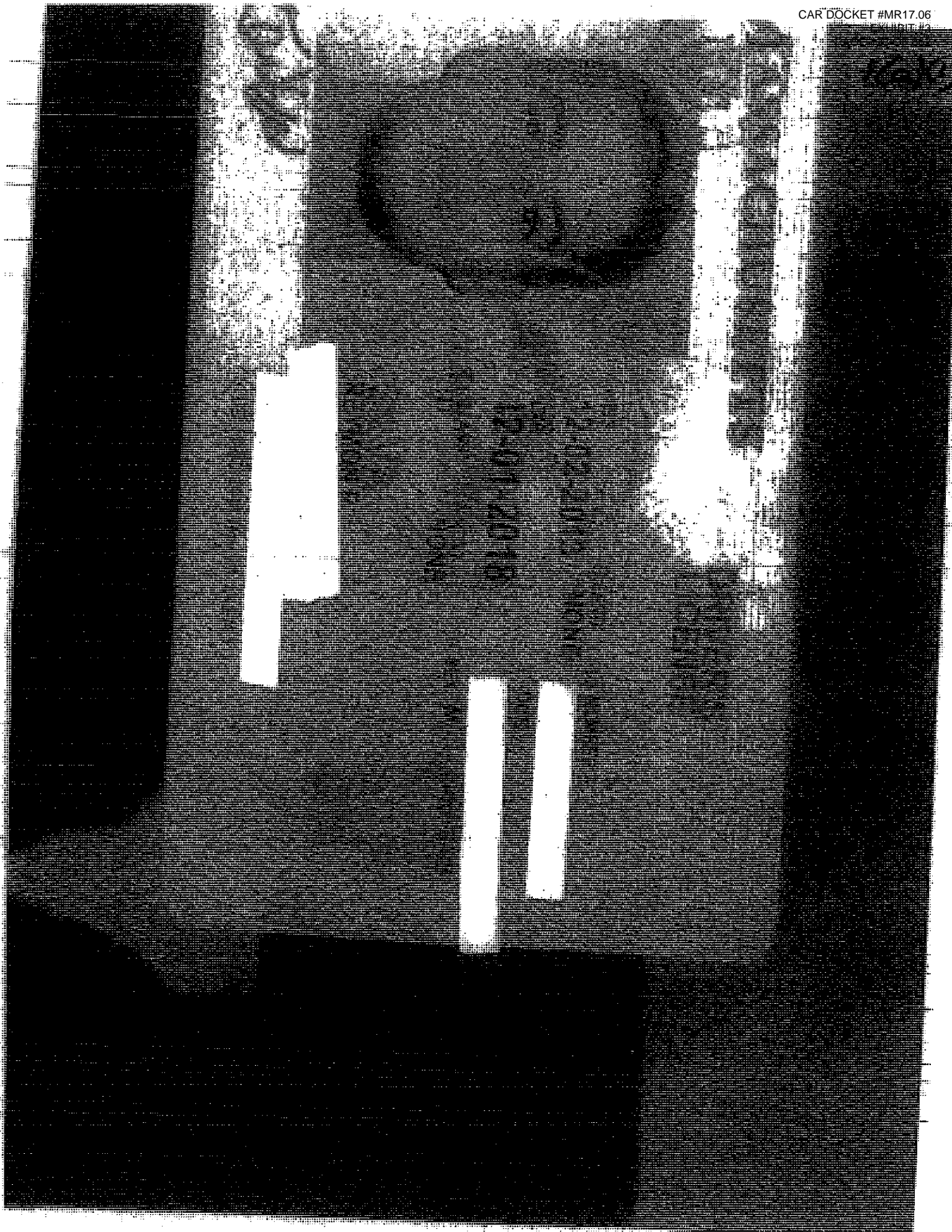
A. It's a d/b/a.

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?

Linda A. Fowler



Arbella Insurance Group
Claim No. 1020060487

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060487

3

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060487

4

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060487

5

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060487

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060487

7

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

Linda A. Fowler

~~Arbella Insurance Group~~
Claim No. 1020060487

8

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. Fewler

SUBMISSION CONFIRMATION

General Information

Policy #:

Status: **Automatically Priced** ✓

Agency Information

101506

Agency Name: **POINT INS INC**

Producer Code: **0134**

Submission Summary

Reference #: **CA-118-64505**

Applicant Name: **SAFE STORES MASONRY CORPORATION**

Policy Term: **11-02-2016 to 11-02-2017**

Agency Classification: **11**

Date Submitted: **11/02/2016**

Policy Carrier Information

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

Masonry
 3 PPTs.
 1 driver = MA license
 No website
 Listed as MA corporate database. In business since 11/10/2013

Prior Pol's
 CX 9/30/16

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

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

✓
 Logged

Estimated Premium **4,154**

Total Policy Premium \$4,122 To review with an underwriter contact Commercial Auto team at 1-817-798-3300

Policy Optional Coverage

Particulars	Amount	Rate	Premium
Vehicle #1 Premium \$1,547			
2004 BUICK LACROSSE SR			
Vehicle #2 Premium \$2,577			
2004 FORD EXPLORER AWD			
Comprehensive Insurance			
Comprehensive Injury Protection	\$20,000 Per Person / \$40,000 Per Accident	\$2.10	\$210
Comprehensive Medical Payments	\$10,000	\$0	\$0
Comprehensive Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$4	\$40
Optional Insurance			
Optional Injury Protection	\$20,000 Per Person / \$40,000 Per Accident	\$2.10	\$210
Optional Medical Payments	\$10,000	\$0	\$0
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$4	\$40
Number of Insureds	Yes	\$500	\$500
Comprehensive	Yes	\$500	\$500
Parts Replacement	30/90 Days	\$69	\$69
Towing and Labor	\$100	\$10	\$10
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$4	\$40
Rate Characteristics			
Rating City	LOUISVILLE		
Rating State	74		
Class Code	75010		
Assigned Driver	200		
Vehicle #3 Premium \$2,030			
2004 BUICK LACROSSE SR			
Comprehensive Insurance			
Comprehensive Injury Protection	\$20,000 Per Person / \$40,000 Per Accident	\$2.10	\$210
Comprehensive Medical Payments	\$10,000	\$0	\$0
Comprehensive Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$4	\$40
Optional Insurance			
Optional Injury Protection	\$20,000 Per Person / \$40,000 Per Accident	\$2.10	\$210
Optional Medical Payments	\$10,000	\$0	\$0
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$4	\$40
Number of Insureds	Yes	\$500	\$500
Comprehensive	Yes	\$500	\$500
Parts Replacement	30/90 Days	\$69	\$69
Towing and Labor	\$100	\$10	\$10
			\$0

PAN 146815

PAS TCA001

DRN 582,496

DR 152, 201K

System	200,000 Per
Manufactured	Person / 040,000
Model	Per Arbella
Risk Characteristics	
Geography City	LOVELL
County	14
State Code	7810
Assigned Dates	07/10/11 - 07/11/11



Reference# CA-NB-64505

Submitted Date 11-02-2016

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Lucas Lemas		CARRIER RUC CODE UNDERWRITER	DATE (MM/DD/YYYY) 11-01-2016
INDICATE DEVICES ATTACHED PROPERTY CLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIMINALS/ELANOUS CRIME TRAILER/BOAT/ MOTOR/PROPAGASO		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKS/MOTOR CARRIER	POLICY NUMBER 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"/> CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TYPE <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL <input type="checkbox"/>		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. PROPOSED EFF DATE: 11-02-2016 PROPOSED EXP DATE: 11-02-2017 BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN: <input type="checkbox"/> AGENCY BILL AGENCY BILL <input type="checkbox"/>	

APPLICANT INFORMATION

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

MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
 3

PHONE (IND. NO. EXT.)
 WEBSITE ADDRESS:

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE
 SELECT CHAPTER OF CORPORATION NOT FOR PROFIT ORG LLC
 NO. OF MEMBERS AND MANAGERS: _____ CREDIT RATED NAME: _____ ID NUMBER: _____

INSPECTION CONTACT: DOUGLAS DEMATOS
 PHONE (IND. NO. EXT.): _____ EMAIL ADDRESS: _____ ACCOUNTING RECORDS CONTACT: DOUGLAS DEMATOS
 PHONE (IND. NO. EXT.): _____ EMAIL ADDRESS: _____ DATE BILL STARTED: _____

PREMISES INFORMATION

LOG#	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

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 MASONRY SERVICES
 22215 SING... (crossed out)

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"/>			<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLECT/HIRING?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
8. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED BY USA, OR US PRODUCTS SO DISTRIBUTED IN FOREIGN COUNTRIES? (If YES, attach ACORD 616 for Liability Exposure under ACORD 616 for Property Exposure)		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

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, 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

PRIOR CARRIER INFORMATION

Submitted Date 11-02-2016

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRODATE	EFT-EXP DATE	GENERAL AGGREGATE	PRODUCTS COMP OR AGGREGATE	PERSONAL & AVIATION	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	BODILY INJURY	PROPERTY DAMAGE	COMBINED SINGLE LIMIT	MODIFICATION FACTOR	TOTAL PREMIUM		
GENERAL COMMERCIAL VEHICLE LIABILITY	CARRIER																		
	POLICY NUMBER																		
	POLICY TYPE																		
	RETRODATE																		
	EFT-EXP DATE																		
	GENERAL AGGREGATE																		
	PRODUCTS COMP OR AGGREGATE																		
	PERSONAL & AVIATION																		
	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																		
	RETRODATE																		
	EFT-EXP DATE																		
	COMBINED SINGLE LIMIT																		
	BODILY INJURY	EA PERSON																	
	PROPERTY DAMAGE	EA ACCIDENT																	
	MODIFICATION FACTOR																		
	TOTAL PREMIUM																		
	PROPERTY CASUALTY	CARRIER																	
		POLICY NUMBER																	
		POLICY TYPE																	
		RETRODATE																	
		EFT-EXP DATE																	
BUILDING AMT																			
PERSONAL PROP AMT																			
MODIFICATION FACTOR																			
TOTAL PREMIUM																			
PROPERTY CASUALTY		CARRIER																	
		POLICY NUMBER																	
		POLICY TYPE																	
		RETRODATE																	
		EFT-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 (5 YEARS IN RS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RECEIVED	CLAIM STATUS	ATTACHED LOSS SUMMARY

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 in your state for 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.
 AGORD 126 (2005/06)

Name and Address
SAFE STONES MASONRY CORPORATION

Submitted Date 11-02-2016

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Insurance
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@POLYINSURE.COM

End of Document

ACORD BUSINESS AUTO SECTION

Submitted Date 11-02-2016

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 LUCAS LEBBE	APPLICANT SAFE STORES MASONRY CORPORATION	DATE (RENEWAL/TV) 11-01-2016
AGENCY CODE 0134	EFFECTIVE DATE 11-02-2016	EXPIRATION DATE 11-02-2017
	<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> PAYMENT PLAN
	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> AUDIT BY STATE

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)	SEX	STATE	DATE OF BIRTH	YES/NO	YEAR LIC	DRIVERS LICENSE NUMBER OR SOCIAL SECURITY NUMBER	STATE LIC	DATE EXPIRE	EMERGENCY CONTACT	DOC	DRIVE VER'S	VE USE
1	REYNON R SILVA		MA								No		

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?			8. ANY HOLD HARMLESS AGREEMENTS?		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
4. ARE ANY VEHICLES LEASED TO OTHERS?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
6. ARE LOG, FLD OR OTHER FILINGS REQUIRED?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
			15. HAS AGENT INSPECTED VEHICLES?		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED		WESTLARK FINANCIAL SERVICES			VEHICLE 0002 (2PRNKA0CK7BA67985)
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LESSEE					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OTHER					
<input type="checkbox"/> RESTRIANT					

REMARKS

DESCRIPTION:

VEHICLE DESCRIPTION		Submitted Date 11-02-2016													
VEH #	YEAR	MAKE	MODEL	LIC STATE	TERR	VIN	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW				
0001	2004	ACCORD	EX	MA	14	1HGCM56940A042093	GVNDRW	73910	50	50	21700				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0002	2007	EDGE	SEL. 4WD	MA	14	2FMDK4BCX7BA67985	GVNDRW	73910	50	50	29965				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0003	2006	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0004	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0005	2006	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0006	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0007	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0008	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0009	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0010	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0011	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0012	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0013	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0014	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													
0015	2007	CRUISE	EX	MA	14	JTDKB20U863191640	GVNDRW	73910	50	50	21725				
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM/RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	LEADERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS	REDUCTIBLES	ACTV	COMP	SPEC COFL
NET VEH PRICE		TOTAL PRICE \$													

ACORD 127 (2003/08)

Name and Address
SAFE STORES MASONRY CORPORATION

Submitted Date 11-02-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : REYRUE R SILVA
SIDP : 02

MISCELLANEOUS INFORMATION :

Riderbearing/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 : 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 : 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

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)

Name and Address

Submitted Date 11-02-2016

SAFE STORE 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 (2004/08)

OverflowPageNumber : 2

Submitted Date 11-02-2016

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS				LIMITS		PHYSICAL DAMAGE										
	61	62	63	64	67	71	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	REDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	REDUCTIBLE			
BODILY INJURY LIABILITY					BI EACH PERSON	\$	OPTIONAL COMPREHENSIVE	62	67		OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
					BI EACH ACCIDENT	\$		63	68			63	68	F	ETW		
					PER PERSON	\$		64				64					
					YOURSELF			DED	\$			65					
COMPULSORY PERSONAL INJURY PROTECTION	65				YOURSELF		YOURSELF AND FAMILY MEMBERS										
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64		71	EACH ACCIDENT	\$	OPTIONAL COLLISION	62	67		OPTIONAL TOWING & LABOR	62	67		\$		
	62							63	68			63	68				
	63							64				64					
OPTIONAL MEDICAL PAYMENTS	62	64			EACH PERSON	\$											
COMPULSORY UNINSURED MOTORIST	62	65			CSL	BI	PROPERTY DAMAGE	62	67		OPTIONAL HIRE PHYSICAL DAMAGE	62	67		\$		
	63				EACH ACCIDENT	\$		63				63					
	64				PROPERTY DAMAGE	\$		64				64					
	61	64		71	CSL	BI		EAPER	\$				65				
OPTIONAL BODILY INJURY TO OTHERS	62	67			EACH ACCIDENT	\$	OPTIONAL COLLISION	62	67		OPTIONAL TRUCKERS HIRED/BORROWED	62	67		\$		
	63				MOTORCYCLE GUEST OCCUPANT EXCLUSION			63				63					
	64				COST OF HIRE	IF ANY BASIS		64				64					
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	OPTIONAL HIRE PHYSICAL DAMAGE	STATES	# DAYS	# YRS	OPTIONAL HIRE PHYSICAL DAMAGE	STATES	# DAYS	# YRS	\$		
	NO							EMPLOYEES									
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 competencies 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 this 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 BA (2005/04)			

VEHICLE CARRIER SECTION

Submitted Date 11-02-2016

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	PHYSICAL DAMAGES	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	81, 82, 83, 84	\$ \$ \$ \$	OPTIONAL COMPREHENSIVE	82, 83, 84			\$
COMPULSORY PERSONAL INJURY PROTECTION	85, 87	PER PERSON \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	82, 83, 84	SCL, FT, LSP, F, FTW		\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	81, 82, 83	EACH ACCIDENT \$	OPTIONAL COLLISION	82, 83, 84			\$
OPTIONAL MEDICAL PAYMENTS	82, 83, 84	EACH PERSON \$	OPTIONAL TOWNSHIP & LABOR	82, 83, 84			\$
COMPULSORY INSURED MOTORIST	82, 83, 84	CSL, EA PER \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE				
OPTIONAL BODILY INJURY TO OTHERS	81, 82, 83	CSL, EA PER \$ EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	69, 70			
OPTIONAL NON-TRUCKERS HIRED/PROHIBITED	YES/NO STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	69, 70			
OPTIONAL TRUCKERS HIRED/PROHIBITED	YES/NO STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	69, 70			
OPTIONAL NON-OWNED AUTO LIABILITY	YES/NO STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE		STATES, #DAYS, #VEH		
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) SPECIALLY 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, we will provide 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 licensed 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.

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD 137 IBA (2005/04)

Name and Address
SAFE STONES MASONRY CORPORATION

Submitted Date 11-02-2016

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

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

End of Document

Acord Additional Info (2014/05)

OverflowPageNumber -1

William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 001121044

[Request certificate](#)

[New search](#)

Summary for: **SAFE STONES MASONRY CORPORATION**

The exact name of the Domestic Profit Corporation: **SAFE STONES MASONRY CORPORATION**

Entity type: Domestic Profit Corporation

Identification Number:

Date of Organization in Massachusetts:
11-16-2013

Current Fiscal Month/Day: 12/31

Last date certain:

The location of the Principal Office:

Previous Fiscal Month/Day: 01/31

Address:

City or town, State, Zip code,
Country:

The name and address of the Registered Agent:

Name: DOUGLAS CAMILO DE MATOS

Address:

City or town, State, Zip code,
Country:

The Officers and Directors of the Corporation:

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 DOS SANTOS

202

Arbella Insurance Group
Claim No. 1020061599

1

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 Framingham?

A. Always in Framingham.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

2

Q. Okay. And where did you come from before you came to Framingham?

A. From Brazil.

Q. Okay. So from Brazil directly to Framingham?

A. Right to Framingham, 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 . . . I think it's

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

3

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

4

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

5

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 --

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

6

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

7

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

8

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061559

9

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

10

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

11

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

Q. Okay. All right. Now, with the two vehicles -- and it was Andre you 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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

12

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

13

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?

Linda A. Fowler

Arbella Insurance Group
Claim No: 1020061599

14

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

15

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

16

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

17

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

18

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

19

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

20

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

Q. This is Ed Spellman, and I'm speaking with Robert Foley from
Today's date is January 6, 2017, a
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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020061599

2

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

3

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

4

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

5

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

26



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

AGENCY: POINT-INS INC
 1103 COMMONWEALTH AVE.
 BOSTON MA 02215
 Andre Silva
 PHONE (A/C No. Ext):
 FAX (A/C No. Ext):
 E-MAIL: andre@pointinsure.com
 NAME: BUB CODE: 0127

CARRIER: NAIC CODE: UNDERWRITER: POLICY NUMBER:
 POLICES OR PROGRAM REQUESTED: CAR - Arbella (ceded)

STATUS OF TRANSACTION: QUOTE ISSUE POLICY RENEW 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: 12-22-2016 PROPOSED EXP DATE: 12-22-2017 BILLING PLAN: X DIRECT BILL PAYMENT PLAN: AGENCY BILL ADRT: No Adrt

APPLICANT INFORMATION: NAME (First Named Insured & Other Named Insureds): VE IMPROVEMENT INC MAILING ADDRESS (incl. ZIP+4) (of First Named Insured):
 MAILING ADDRESS (incl. ZIP+4) (of First Named Insured): 3

TYPE OF BUSINESS (of First Named Insured):
 E-MAIL ADDRESS:
 PHONE (A/C No. Ext):
 RESIDENT ADDRESS:
 INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S1 CORPORATION NOT FOR PROFIT ORG LLC OR BUREAU NAME: ID NUMBER: DATE BILL STARTED:

INSPECTION CONTACT: PHONE (A/C No. Ext): E-MAIL ADDRESS: ACCOUNTING RECORDS CONTACT: MARCELO B. DOSSANTOS PHONE (A/C No. Ext): E-MAIL ADDRESS:

PREMISES INFORMATION: STREET, CITY, COUNTY, STATE, ZIP+4: CITY/LISTS: INTEREST: YR BUILT: # EMPLOYED: ANNUAL REVENUE: % OCCUPIED

LOC #	SID #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY/LISTS	INTEREST	YR BUILT	# EMPLOYED	ANNUAL REVENUE	% OCCUPIED
		MV DEC 22 2016	INSIDE	OWNER			NO PRIOR SUBMISSIONS FOUND <input checked="" type="checkbox"/>	
			OUTSIDE	TENANT			PREVIOUSLY SUBMITTED ON	
			INSIDE	OWNER				
			OUTSIDE	TENANT BY				

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

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES

QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		X			X
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X			X
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X			X
4. ANY EXPOSURE TO HAZARDOUS EXPLOSIVES, CHEMICALS?		X			X
5. ANY DISASTROPHIC EXPOSURE?		X			X
6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X			X
7. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PAST 5 YEARS? (See Appendix B in MO)		X			X
8. ANY PART LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X			X
9. DURING THE LAST FIVE YEARS (YES OR NO) HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY OFFENSE OF THE CRIME OF FRAUD, BREACH OF FIDELITY OR ANY OTHER ASSAULT RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In all instances, a copy of the indictment or conviction must be attached to any application for property insurance. Failure to disclose the existence of an action constitutes a misstatement or perjury by a contractee of up to one year of imprisonment.)					
10. ANY UNCORRECTED FIRE CODE VIOLATIONS?					
11. ANY BANKRUPTCY, TAX OR CREDIT LITIGATION AGAINST THE APPLICANT IN THE PAST 5 YEARS?					
12. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:					
13. ANY FOREIGN OPERATIONS: FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If YES, attach ACORD 615 for Foreign Exposure under Accord 615 for Property Exposure)					

RESERVE/PROCESSING AND FILING FEES (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 CIVIL PENALTIES. (Not applicable in CO, ND, NE, OH, OK, OR, or VT; in DC, IA, ME, TN and VA, Insurance licenses may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIED THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIED 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 (2005/08)

PLEASE COMPLETE REVERSE SIDE

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PRIOR CARRIER INFORMATION

Submitted Date 12-22-2016

LINE	CATEGORY	CARRIER		POLICY NUMBER		POLICY TYPE		EFFECT DATE		CLASS CODE		OCCURRENCE		CLASS CODE		OCCURRENCE		CLASS CODE		OCCURRENCE	
		NAME	ADDRESS	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
ONE OR MORE COMMERCIAL VEHICLES		CARRIER																			
		POLICY NUMBER																			
		POLICY TYPE																			
		EFFECT DATE																			
		COMBINED SINGLE LIMIT																			
		BODILY INJURY																			
		PROPERTY DAMAGE																			
		MODIFICATION FACTOR																			
		TOTAL PREMIUM																			
		CARRIER																			
		POLICY NUMBER																			
		POLICY TYPE																			
		EFFECT DATE																			
		COMBINED SINGLE LIMIT																			
		BODILY INJURY																			
	PROPERTY DAMAGE																				
	MODIFICATION FACTOR																				
	TOTAL PREMIUM																				
AUTO		CARRIER																			
		POLICY NUMBER																			
		POLICY TYPE																			
		EFFECT DATE																			
		COMBINED SINGLE LIMIT																			
	BUILDING																				
	FIRE PROP																				
	MODIFICATION FACTOR																				
	TOTAL PREMIUM																				
	CARRIER																				
	POLICY NUMBER																				
	POLICY TYPE																				
	EFFECT DATE																				
	LIMIT																				
	MODIFICATION FACTOR																				
	TOTAL PREMIUM																				

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PAST 5 YEARS (IN CA & NV)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RECEIVED	STATUS
	Gen. Auto	See additional information page				OPEN CLAIM

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.)

NOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY) 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 126 (2008/08)

STATE SUPPLEMENT (S) (if applicable)
 See Additional Pages.

Name and Address
VE IMPROVEMENT INC

Submitted Date 12-22-2016

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Isabella 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: \$250.00

ADDITIONAL ATTACHMENTS INFORMATION :

File : CCE_001660.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Sic Code :

AGENT REMARKS :

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

ACORD BUSINESS AUTO SECTION

Submitted Date 12-22-2016

AGENCY POINT LINE INC 1103 COMMONWEALTH AVE BOSTON MA 02215 ARCOE SLIVE	PHONE FAX E-MAIL MAILING	APPLICANT VE IMPROVEMENT-INC (Type Name Address)	DATE (MM/DD/YYYY) 12-22-2016
CODE AGENCY CUSTOMER ID	SUB CODE 0127	ESTIMATE DATE 12-22-2016	EXPIRATION DATE 12-22-2017
		<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN
		<input type="checkbox"/> AGENCY BILL	AGENT

COVERAGES/LIMITS

USE ACORD 187 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION
 ACORD 189 (Required 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)	DOB (MM/DD/YYYY)	STATE	DATE OF BIRTH	VEH. EXP.	YEAR LIC.	FEDERAL RESERVE NUMBER	STATE LIC. SOCIAL SECURITY NUMBER	STATE	DATE	INSURER	RDC	LESS VEH.	% USE
1	ROBERT E FOLEY		MA						79	12-22-2016		NO		

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?		<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?	<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN DMV VERIFICATION?		<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>
6. ARE ICC, PUC OR OTHER PLINGS REQUIRED?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT REGISTERED ON THIS APPLICATION?		<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>
			15. HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

MAXIMUM COLLAR VALUE SUBJECT TO LOSS \$

INTEREST	NAME	NAME AND ADDRESS	REFERENCE:	CERTIFICATE REQUIRED	INTEREST #
<input checked="" type="checkbox"/> ADDITIONAL INSURED					
<input type="checkbox"/> LOSS PAYEE					
<input checked="" type="checkbox"/> LESSEE		ALLY FINANCIAL			VEHICLE 0001 (1002R0762F2547632)
<input type="checkbox"/> EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> OWNER					OTHER
<input type="checkbox"/> REGISTRANT					

REMARKS

ACORD 127 (2003/08)

PLEASE COMPLETE REVERSE SIDE

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VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles Submitted Date 12-22-2016

VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/AGE	COST NEW
0001	2015	CHEVROLET	SILVERADO K2500HD	GVW/GCW		\$36445
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		CLASS	VEHICLE TYPE	VEHICLE TYPE
		47		01-182-	GVW/GCW	GVW/GCW
DRIVE TO SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO. FAULT	UNDERINS MOTOR TOWING & LABOR SPEC COPL	FARTHEST TERM
15 MILES	PLEASURE	RETAIL	X	X		49
15 MILES+	FARM	SERVICE	X	X		50
NET VEH PRICE						\$500
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/AGE	COST NEW
0002	2014	CHEVROLET	TRAVERSE 2LT	GVW/GCW		\$38865
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		CLASS	VEHICLE TYPE	VEHICLE TYPE
		9		73910	GVW/GCW	GVW/GCW
DRIVE TO SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO. FAULT	UNDERINS MOTOR TOWING & LABOR SPEC COPL	FARTHEST TERM
15 MILES	PLEASURE	RETAIL	X	X		49
15 MILES+	FARM	SERVICE	X	X		50
NET VEH PRICE						\$500

ACORD 127 (2003/08)

Name and Address
VH IMPROVEMENT INC

Submitted Date 12-22-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
NAME : ROBERT B SOLEY
DOB : 99

MISCELLANEOUS INFORMATION :

Ridesharing/T.S.C.: NO

ADDITIONAL INTEREST INFORMATION :

VEHICLE # : 0002 (16GRVDRDRN161986)
Interest : Member
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 : 5000
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 : 00
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 : 5000
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 : 200
Pollution Type : No Pollution Liability Coverage-No Surcharge
Is this a Leased Vehicle : No

Acord Additional Info (2004/03)

Name and Address
VE IMPROVEMENT INC

Submitted Date 12-22-2016

Additional Information

End of Document

Acord Additional Info (2004/08)



MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

Submitted Date 12-22-2016

AGENCY
POINT INS INC

APPLICANT (PRINT NAME AND ADDRESS)
VEI 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 4 5 2 X 7 8	X BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	3 X 7	PER PERSON \$ 8000 DED 5 YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 4 7 8 2 4 6 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 3 4 7 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 3 4 7 3 X 7	CEL <input type="checkbox"/> BI <input checked="" type="checkbox"/> 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 5 2 X 7 8	CEL <input type="checkbox"/> BI <input checked="" type="checkbox"/> 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	OTHER		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH	COVERAGES/DEDUCTIBLE COMP \$ SPEC \$ COL \$

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	PER PERSON \$ DED 5 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 45 47 42 46 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	COL FT LSP F FTW	\$	
OPTIONAL MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	OPTIONAL COLLISION	42 46 43 47		\$	
COMPULSORY UNINSURED MOTORIST	42 46 43	CEL <input type="checkbox"/> BI <input checked="" type="checkbox"/> PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	46		\$	
OPTIONAL BODILY INJURY TO OTHERS	41 45 47 42 47 43 50	CEL <input type="checkbox"/> BI <input checked="" type="checkbox"/> 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 EMPLOYEES NUMBER OF 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 (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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MOTOR CARRIER SECTION

Submitted Date 12-22-2016

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	PHYSICAL DAMAGE	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	61, 62, 63, 64, 67, 68, 71	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	62, 63, 64			
COMPULSORY PERSONAL INJURY PROTECTION	65, 67	PER PERSON \$ YOURSELF <input type="checkbox"/> DED \$ YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	62, 63, 64	SCV <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61, 62, 63, 64, 67, 68, 71	EACH ACCIDENT \$	OPTIONAL COLLISION	62, 63, 64			
OPTIONAL MEDICAL PAYMENTS	62, 63, 64, 67, 68	EACH PERSON \$	OPTIONAL TOWNS & LABOR	65, 67			
COMPULSORY UNINSURED MOTORIST	62, 63, 64	CSL <input type="checkbox"/> EAPER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE				
OPTIONAL BODILY INJURY TO OTHERS	61, 62, 63, 64, 67, 68, 71	CSL <input type="checkbox"/> EAPER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	69	# TRAILERS	# DAYS	REDUCTIBLE
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES/NO STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	69			
OPTIONAL TRUCKERS HIRED/BORROWED	YES/NO STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	70			
OPTIONAL NON-DIATED AUTO LIABILITY	YES/NO STATES	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH
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

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 give 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 Mail 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
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ACORD 137 B/A (2005/04)

Name and Address
VE IMPROVEMENT INC

Submitted Date 12-22-2016

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

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

End of Document

Record Additional Info (2004/08)

OverflowPageNumber :1

The table is located in the upper left quadrant of the page. It consists of approximately 10 rows and 4 columns. The text within the cells is mostly illegible due to the quality of the scan. Some faint numbers and symbols are visible, but they cannot be transcribed accurately. The table appears to be a data record or a list of items.

Labor and Workforce Development



Date Last Updated: 12/22/2016

Workers' Compensation Proof of Coverage - Employer Details

Search Name: WH IMPROVEMENT
 Employer: WH IMPROVEMENT INC
 Address:
 City/Town:

Back To Results Page 1 of 1

Policy Number	Insurer	Policy	Form
7PJUB7H78330016	TRAVELERS PROPERTY CAS CO OF AM 2420 LAKEMONT AVE STE 200 ORLANDO, FL 32814	11/18/2016	11/18/2017
7PJUB938409116	TRAVELERS PROPERTY CAS CO OF AM 2420 LAKEMONT AVE STE 200 ORLANDO, FL 32814	12/22/2015	05/14/2016
7PJUB988905814	TRAVELERS PROPERTY CAS CO OF AM PO BOX 3656 ORLANDO, FL 32802	05/15/2014	05/18/2014

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 (s) 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 illegally operating without workers' compensation insurance, please submit a Workers' Compensation Investigation Referral Form or contact the Office of Investigations at 617-727-4800 x214 or toll free at 1-877-MASSARE (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





EXHIBIT 3

CHUN RESTAURANT MAINTENANCE

Arbella Insurance Group
Claim No. 1020051455

1

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

2

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

3

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

4

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

5

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

Arbella Insurance Group
Claim No. 1020051455

6

A. Yeah.

Q. Okay. Do you have your own business? Someone had circled, Yes, with a
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

7

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,

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

9

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

10

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

11

business, did they then offer you to get a tax number for \$450 and make 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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

12

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
Claim No. 1020051455

13

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

14

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

15

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

Arbella Insurance Group
Claim No. 1020051455

16

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

17

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

18

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020051455

19

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

20

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

-21

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

22

Roberto?

A. Yes.

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

A. Sure.

Linda A. Fowler

From Point Insurance 1.978.275.0589 Wed Jan 4 13:34:19 2017 MST Page 1 of 4

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174

Renewed

To: STU

NO proof of Biz



ROBERTO ESCALANTE-CHUN
DBA: CHUN RESTAURANT MAINTENANCE
LYNN, MA 01902

Agent: 468154
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/N OR N/A
Employer Name: _____

Do you work for others? Y/N If yes please provide:
Address: N/A Phone: N/A

If you have your own business, what is the address for your principal place of business?

Lynn MA 01902

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? 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

From Point Insurance 1.978.275.0589 Wed Jan 4 13:34:19 2017 MST Page 2 of 4

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

Date of this notice: 01-25-2016

Employer Identification Number:

Form: 99-4

Number of this notice: CP 575 &

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-CHEN

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you an EIN. 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 variations may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

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

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/REL 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) 5750

01-25-2016 ESCR 0 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:
FORM: SS-4
NONE

FEDERAL REVENUE SERVICE
CINCINNATI OH 45229-0933
[Barcode]

ROBERTO ESCOBAR-CHIN

[Redacted text block]

[Redacted text block]

[Redacted text]

[Redacted text]



Home applications overview

Enter Home/URL

AVC Registry Access

01/04/2017 10:04 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES US24968
REGISTRATION/TITLE INQUIRY

FUNCTION: MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: PAN: REG#: CLR: VIN#: 2T3DF4D77AM876261 TTL#: 20963466 -E

LIC #1: LIC #2: FDR:

LESSEE :
OWNER1 NAME :
OWNER2 NAME :
CORP/CO NAME: ROBERTO ESCALANTE CHAN
MAIL ADDR
BLDG/APT
RESID ADDR
BLDG/APT
REG ONLY MAIL: N
ZIP:

REG STATUS-DT: ACTV/ - 01/28/2016 REG EFF DT: 01/28/2016
LIFE PD: N STKR-DT: 171298559 - 02/08/2016 INSP RELT: P REG EXP DT: 10/2017

2010 TOYT RAMA MODEL#: 4452 STYLE: WAGON CLR: WHITE /

CYL: 4 PASS: 5 DOORS: 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: 0889697 N/U: U PREV TTL ST#: MA 8W560657

TTL TYPE: C BRAND: REASON CD: TTL RTR ST:

LIEN1 TYPE/CD: C / 36041 NAME: FIRST HELP FINANCIAL LLC

LIEN2 TYPE/CD: / NAME:

INS CO: 254 ARBELLA PROTECTION ORIG ISS DT: 01/28/2016 NONPROF: N VALUE:

PLT ORDER STATUS-DT: LAST-SENT BILL: 02/2016 - 01/2017

EXHIBIT 4

PILAR OBERGON

SUBMISSION CONFIRMATION

General Information

Policy #:

Status:

Q#

B# 61205520

Agency Information

Agency Name: **RAPO & JENSEN INS SERVICES INC**

Product Code: **0154**

AMP

JAN 13 2016

Submission Summary

Reference #: **CA-NB-58117**

Applicant Name: **PILAR OREGON**

Policy Term: **01-13-2016 to 01-13-2017**

Agency Customer ID:

Date Submitted: **01/13/2016**

Prior Carrier Information

Applicant's 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 1-877-789-3889

Pan 3DP451

AMP

JAN 14 2016

Not Rec.

UPH-NP

WIP

Issue

The cycle 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 83392
Boston, MA 02205-3392**


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  **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 137MA PDF**

View/Print Other 



COMMERCIAL INSURANCE APPLICATION

Submitted Date 01-13-2016

APPLICANT INFORMATION SECTION

AGENCY: **RAPO & JEPSEN INS SERVICES INC**
 724 CHELMSFORD ST
 LOWELL MA 01851
 daniel delima

PHONE (A.C. No. Exp):
 FAX (A.C. No. Exp):
 E-MAIL: **daniel@rapoandjepsen.com**
 ADDRESS:
 CODE: **SUB CODE: 0154**

AGENCY CUSTOMER ID:

CARRIER: _____ NAIC CODE: _____ UNDERWRITER: _____ UNDERWRITER'S G: _____

POLICIES OR PROGRAM REQUESTED: **CAR - Arbella (ceded)** POLICY NUMBER: _____

COVERAGE ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
GLASS AND SIGN	INSTALLATION BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY
CHANGING CELLANEGUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
TRANSPORTATION MOTOR TRUCK CARGO	BUSINESS AUTO	UMBRELLA
	TRUCKERS/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 NONCLONE POLICIES.

PROPOSED EFP DATE	PROPOSED EXP DATE	SELLING PLAN	PAYMENT PLAN	AUDIT
01-13-2016	01-13-2017	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		2x Audit

APPLICANT INFORMATION

NAME (Print Name of Insured & Other Named Insured):
PILAR OREGON
DBA: PILAR CATERING

1 MAILING ADDRESS INCL ZIP+4 (if First Named Insured):

GEN OR SOC SEC# (if First Named Insured): _____ PHONE (A.C. No. Exp): _____

EMAIL ADDRESS: _____ WEBSITE ADDRESS: _____

INDIVIDUAL CORPORATION SUBCHAPTER S CORPORATION LLC PARTNERSHIP JOINT VENTURE NOT FOR PROFIT ORG

NO OF MEMBERS AND MANAGERS: _____ CREDIT RISK NAME: _____ ID NUMBER: _____

INSPECTION CONTACT: _____ ACCOUNTING RECORDS CONTACT: **PILAR OREGON**

PHONE (A.C. No. Exp): _____ FAX: _____ DATE SUBMITTED: **2015**

PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIGHTS	INTEREST	VR	# EMPLOYEES	ANNUAL REVENUE	% 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

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>			
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>			
4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>			
5. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>			
6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
7. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (IN ALL STATES IN MD)		<input checked="" type="checkbox"/>			
8. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE FIRINGS?		<input checked="" type="checkbox"/>			
9. DURING THE LAST FIVE YEARS (IF IN RI), HAS ANY APPLICANT BEEN REMOVED FOR OR CONVICTED OF ANY DEGREE OF FRAUD, BREACH OF FIDUCIARY DUTY, OR ANY OTHER ANTI-RELATED CRIME IN CONNECTION WITH HIS OR ANY OTHER PROPERTY? (If the question could be answered by any applicant for property insurance, failure to disclose the existence of an exact conviction is a misdemeanor punishable by a maximum of 60 days in jail and a fine of \$1,000.)		<input checked="" type="checkbox"/>			
10. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>			
11. ANY BANKRUPTCY, TAX OR CREDIT LITIGATION AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>			
12. HAS BUSINESS BEEN PLACED IN A TRUST?		<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 616 for Foreign Exposure and/or ACORD 616 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 OTHER 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 beneficiary also be defined)

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: _____

Name and Address
PILAR OREGON

Submitted Date 11-18-2016

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 GREEN APP.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Sic Code :

AGENT REMARKS :

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

ACORD BUSINESS AUTO SECTION

Submitted Date 01-13-2016

AGENCY: RAPO & JEPSEN INS SERVICES INC 724 CHELSEAFORD ST LOWELL, MA 01851 Daniel Delina	APPLICANT: PILAR OREGON	DATE (MM/DD/YYYY): 01-13-2016
CODE: _____ AGENCY: _____ CUSTOMER ID: _____	SUB CODE: 0154	FOR COMPANY USE ONLY
EFFECTIVE DATE: 01-13-2016	EXPIRATION DATE: 01-13-2017	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
		PAYMENT PLAN: _____
		ADD: No 2nd

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION
 ACORD 103 attached for additional drivers

LIST ALL DRIVERS INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE SUCH VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address if required)	DOB	SEX	DATE OF BIRTH	YTD EXP	YEAR LIC	DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER	STATE LIC	DATE HERE	INSURER	DOC	USE	USE
1	PILAR OREGON											NO		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. WITH THE EXCEPTION OF ENDORSEMENTS, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
2. DO OTHERS OR THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN DMV VERIFICATIONS?		<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIAL DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>
6. ARE ICC, PUD OR OTHER PLINGS REQUIRED?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY MEMBERS COMPENSATION?		<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>
			15. HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	BANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE: 0001 (2006G1286BHS80605)
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/> LEASHOLDER		ROCKLAND FEDERAL CREDIT UNION			OTHER:
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					

REMARKS

ACORD 137 (2003/08)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993

Name and Address
PILAR OREGON

Submitted Date 03-2016

ADDITIONAL INFORMATION

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : PILAR OREGON
DOB : 06

MISCELLANEOUS INFORMATION :

Ridesharing/T.S.C. : NO

ADDITIONAL VEHICLE INFORMATION :

Vehicle # : 0001
Rate Physical Damage Only? : No
Plate Type : 2N
Plate Number : Unknown
Bodily Injury Limit : 20000/40000
Personal Injury Limit : 20000
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 : 157
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 01-13-2016

AGENCY: **RAPO & JENSEN INS SERVICES INC**

APPLICANT (Typed Name): **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 2 3 4 5 6 7 8 9	<input checked="" type="checkbox"/> EACH PERSON \$ 20000 <input checked="" type="checkbox"/> EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	10 11 12 13 14 15 16 17 18 19	PER PERSON \$ 8000 DED \$ <input checked="" type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	20 21 22 23 24 25 26 27 28 29	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3	\$
OPTIONAL MEDICAL PAYMENTS	30 31 32 33 34 35 36 37 38 39	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	4 5 6 7 8 9	\$500
COMPULSORY UNINSURED MOTORIST	40 41 42 43 44 45 46 47 48 49	CSL <input checked="" type="checkbox"/> BAPER \$ 20000 EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	10 11 12 13 14 15 16 17 18 19	\$
OPTIONAL BODILY INJURY TO OTHERS	50 51 52 53 54 55 56 57 58 59	CSL <input checked="" type="checkbox"/> BAPER \$ 20000 EACH ACCIDENT \$ 40000	OPTIONAL COLLISION	20 21 22 23 24 25 26 27 28 29	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	STATES	# DAYS	# VEH
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	COVERAGES IS:	PRIMARY	SECONDARY

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	<input type="checkbox"/> EACH PERSON \$ <input type="checkbox"/> EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 43 44 45 46 47 48 49	\$	\$
COMPULSORY PERSONAL INJURY PROTECTION	50 51 52 53 54 55 56 57 58 59	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	SCL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	60 61 62 63 64 65 66 67 68 69	EACH ACCIDENT \$	OPTIONAL COLLISION	42 43 44 45 46 47 48 49	\$	\$
OPTIONAL MEDICAL PAYMENTS	70 71 72 73 74 75 76 77 78 79	EACH PERSON \$	OPTIONAL TOWING & LABOR	48	\$	\$
COMPULSORY UNINSURED MOTORIST	80 81 82 83 84 85 86 87 88 89	CSL <input type="checkbox"/> BAPER \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	90 91 92 93 94 95 96 97 98 99	CSL <input type="checkbox"/> BAPER \$ EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48	# TRAILERS PARTNERS	# DAYS RADIUS DEDUCTIBLE
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	STATES	# DAYS	# VEH	
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		

PLEASE COMPLETE REVERSE SIDE

Name and Address
PILAR OREGON

Submitted Date 09-29-2016

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

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

End of Document

Accid Additional Info (2004/03)

OverflowPageNumber :1

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45229-0023

Date of this notice: 01-11-2016

Employer Identification Number:

Form: 99-a

Number of this notice: CP 575 c

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

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

PILAR OBERGON

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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

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

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

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3576 (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 OBERG. 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 License. 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

4

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

5

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

6

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

7

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. # : U63274K6J159600

DATE, TIME	12/16 09:45
FAX NO. /NAME	6177452980
DURATION	08:02:36
FASE(S)	06
RESULT	OK
NOTE	FINE
	EGM

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174



PILAR OBREGON
DBA PILAR CATERING
CHELSEA, MA 02150

Agent: 460154
Policy Number: [REDACTED]
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:

How is your vehicle used in business?

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.

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174



PILAR OBREGON
DBA PILAR CATERING
CHERLSEA, MA 02150

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
Pleasure - See endorsement

How is your vehicle used in business?

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: _____

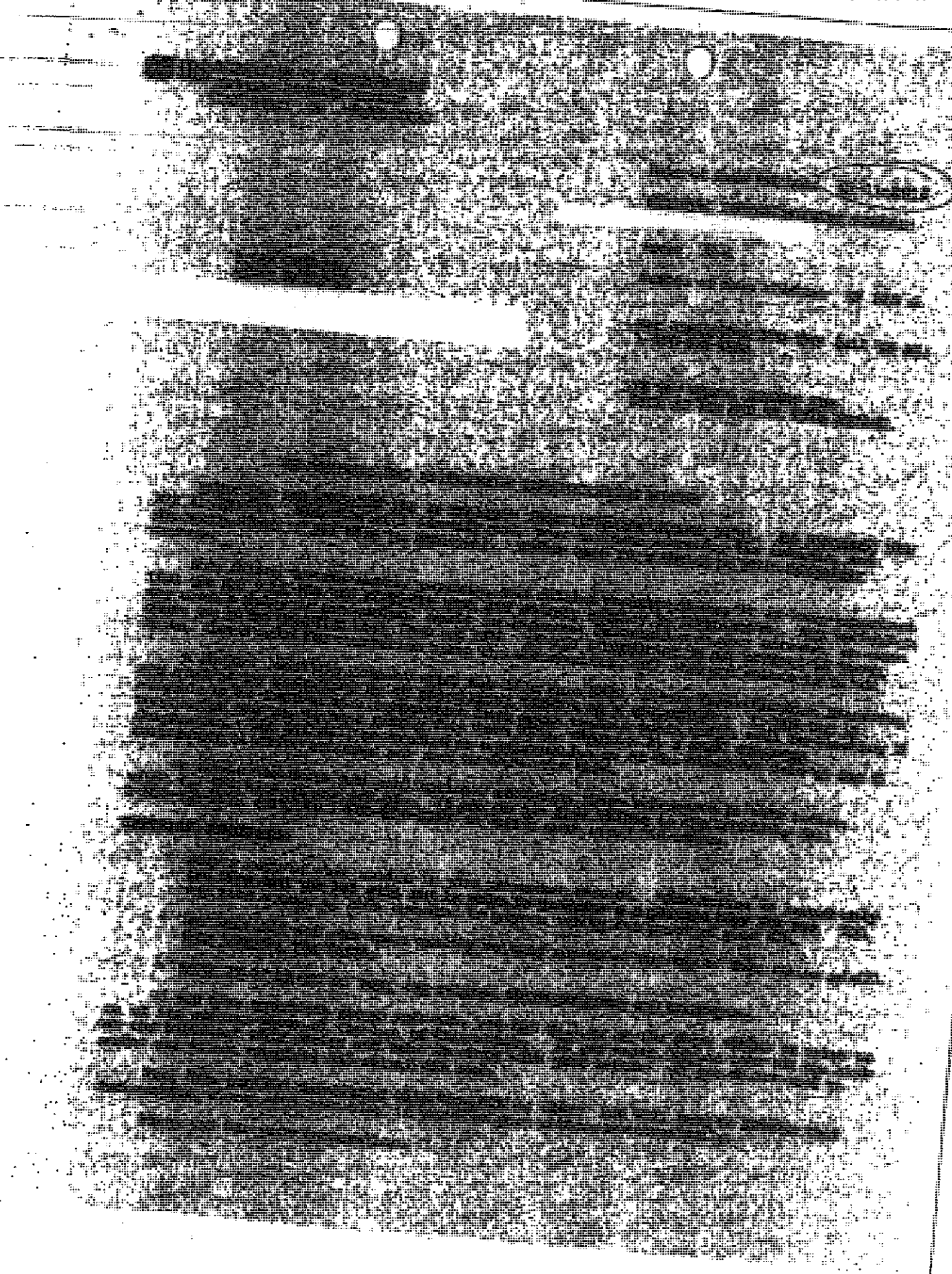
Print Name: _____

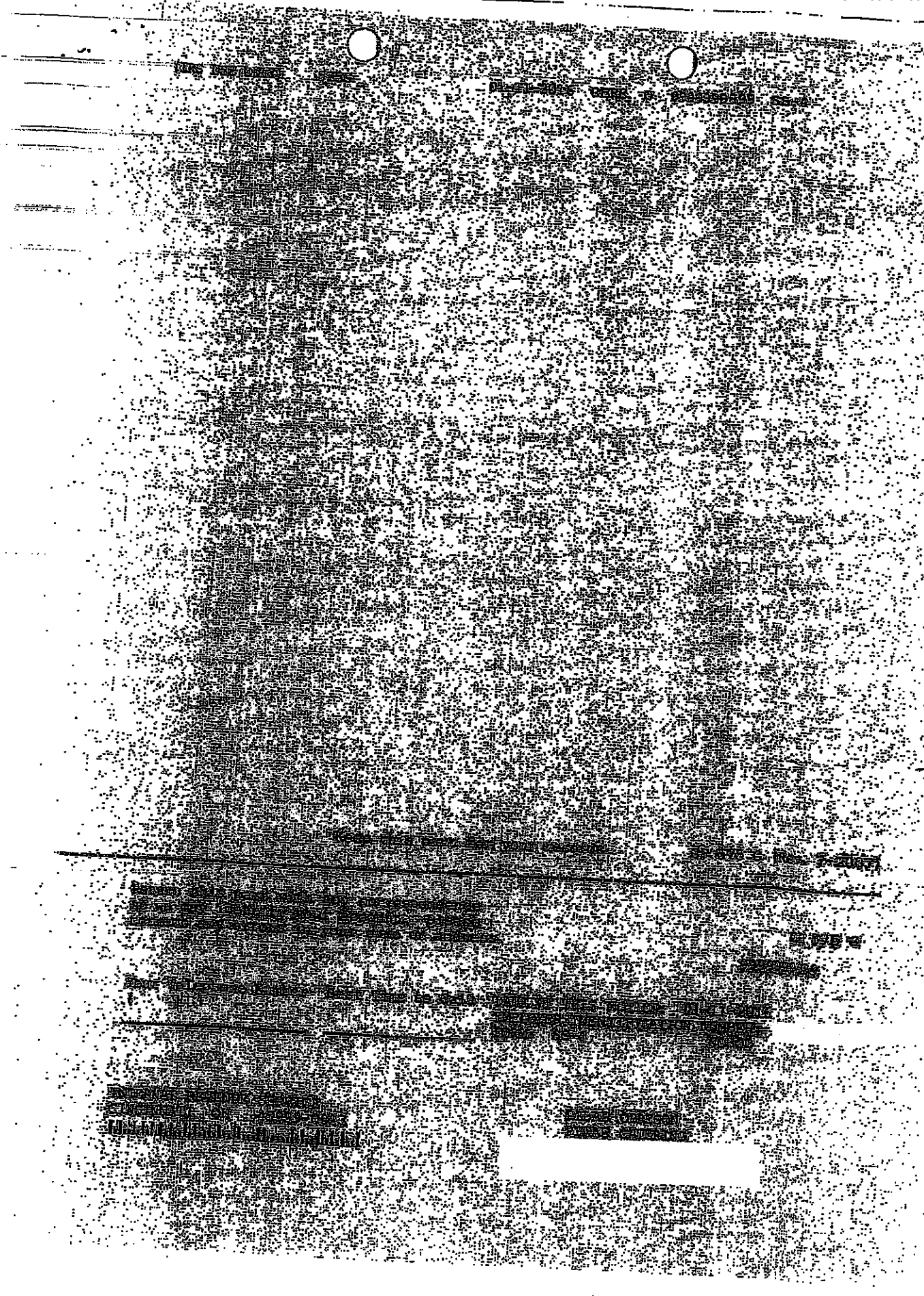
Agent Signature: _____

Pilar Obregon
Pilar Obregon

Date: 12-16-16

Date: _____





Arbella RMV Access

12/16/2016 09:23 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
REGISTRATION/TITLE INQUIRY

FUNCTION: **RI** MSG: **INQUIRY PROCESS COMPLETE** UGRM060

PLT TYP: **PAN** REG#: **BDPA51** CLR: **R** VINS: **2HGCG12868580505** TPL#: **50827189** -E

LIC #1 : [] LIC #2 : [] FID#: []

ISSUE : RMV-1 BATCH #: **01601374180113**

OWNER1 NAME : [] DOB: []
OWNER2 NAME : [] DOB: []

CORP/CO NAME: **PILAR OBERSON** CITY: [] ST: [] ZIP: []
MATT ADDR: [] CITY: [] ST: [] ZIP: []
HHS/APT : [] CITY: [] ST: [] ZIP: []
RESID ADDR : [] CITY: [] ST: [] ZIP: []
HHS/APT : [] CITY: [] ST: [] ZIP: []

REG STATUS-DT: **ACTV/** - **01/13/2016** GARAGE: **CHELSEA**
LIFE PD: **N** SIKR#-DT: **170599135** - **01/18/2016** INSP RSIT: **P** REG EFF DT: **01/13/2016**
2008 HOND CIVIC MODEL#: **UXEX** STYLE: **COUPE** CLR: **WHITE** / REG EXP DT: **01/2017**
CYL: **4** PASS: **5** DOORS: **2** TRAN: **A** PWR: **G** BUS: **SEATS:** **WGT:**
TTL STATUS-DT: **ACTV** - **01/29/2016** TTL DT: **01/13/2016** PRINT DT:
PURCH DT: **01/13/2016** OD: **0106025** N/U: **U** PREV TTL ST/#: **MA RM605002** TTL RTN ST:
TTL TYPE: **C** BRAND: **C / 01805** NAME: **ROCKLAND FEDERAL CREDIT UNION** REASON CD:
LISE1 TYPE/CD: **C / 01805** NAME: **ROCKLAND FEDERAL CREDIT UNION**
LISE2 TYPE/CD: **C / 01805** NAME: **ROCKLAND FEDERAL CREDIT UNION**

INS CO: **154 ARBELLA PROTECTION** ORIG ISS DT: **01/13/2016** NONPROF: **N** VALUE:
PLT ORDER STATUS/DT: **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

12/16/2016 09:24 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
REGISTRATION/TITLE INQUIRY

FUNCTION: REG MSG: INQUIRY PROCESS COMPLETE. UCR4060

LIC #1: REG#: CL#22 VIN#: ENLAR18W76C629613 TITLE#: ER038156

ISSUE: LIC #2: RMV-1 BATCH #: 01607509520117

OWNER1 NAME: EID#:

OWNER2 NAME: DOB:

CORE/CO NAME: PEAR OREGON DOB:

MAIL ADDR: CITY: ST: ZIP:

BLDG/APT: CITY: ST: ZIP:

RESID ADDR: CITY: ST: ZIP:

BLDG/APT: CITY: ST: ZIP:

REG STATUS-DT: ACV/ - 03/15/2016 GARAGE: CHELSEA

LIFE PD: N STRK-DT: 170599980 - 04/13/2016 INSP RSLT: P REG EFF DT: 03/15/2016

2006 NISSA PATHFI MODEL#: 5 DOORS: 4 TRAN: A FRR: C BUS: CL# GRAY REG EXP DT: 02/2018

CYL: 6 PASS: 5 DOORS: 4 INSP RSLT: P REG EXP DT: 02/2018

TTL STATUS-DT: ACV - 04/01/2016 TRAN: A FRR: C BUS: CL# GRAY REG EXP DT: 02/2018

PURCH DT: 03/14/2016 OD: 0100000 TTL DT: 03/15/2016 PRINT DT: 04/01/2016

TTL TYPE: C BRAND: N/O: U PREV TEL ST/#: MA EN574811

LIC#1 TYPE/CD: / NAME: REASON CD: TTL RYN ST:

LIC#2 TYPE/CD: / NAME: REASON CD: TTL RYN ST:

INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 03/15/2016 NONPROF: N VALUE:

PLT ORDER STATUS/DI: LAST-NEXT BILL: 03/2016 - 01/2017

IMPORTANT PRIVACY REMINDER:
I understand my use of this connection to the Registry is conditioned upon my permission 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

Policyholder: ELIAN OREGON
Main
Policy No.: 101600000
Policy Status: ACTIVE
Agency Name: POINT INS INC
Producer Code: 46-0164

Effective from: 01-15-2016 to 01-15-2017

YOU HAVE SUCCESSFULLY POSTED YOUR POLICY CHANGE REQUEST.

Date: Fri Dec 16 08:25:58 EST 2016
Agency: POINT INS INC
Agency code: 101600
Policy number: [REDACTED]
Policy holder: ELIAN OREGON
Date of change: 12-16-2016
Change: PLEASE CHANGE THE USE FROM SERVICE TO PLEASURE. THANK YOU - leandro@pointinsura.com

Your endorsement change request has been sent to Arbelo 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 Arbelo.

Please print this page and keep it for your records.

[Handwritten Signature] 12-16-16

EXHIBIT
PAGE 22 OF 22
4 (cd)

ARBELLA P.O. BOX 9103
PROTECTION INSURANCE COMPANY BOSTON, MA 02289-9103

**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. Hayes
AUTHORIZED REPRESENTATIVE

28AP1090 08 09

Includes copyrighted material of Insurance Services Office,
with its permission.

INSURED COPY

Avitabile, Felicia

From: AgencyPOINT INS INC PolicyChangeRequest@arbella.com
Sent: Friday, December 16, 2016 9:26 AM
To: APPrax (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

SUBMITTED BY:
FIRST NAME: leandro
LAST NAME: rodrigues
PHONE: 6173816240
EMAIL: leandro@pointinsure.com

already ppt classes
no changes to be made

DLF
DEC 19 2016

Runci, Katie

From: AgencyRAPO AMP JEPSEN INS SERVICES INC
Sent: Wednesday, February 17, 2016 11:37 AM
To: PolicyChangeRequest@arbella.com
Subject: APFax (CI-Operations Fax Mailbox)
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 SPACE

AP-S 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
Towing and Labor	\$ 100 Per Disablement	\$ 16.00

SUBMITTED BY:
FIRST NAME: daniel
LAST NAME: dellina

PHONE: 6173816240
EMAIL: daniel@rapoandjensen.com

Spellman III, Edward

From: BRUNO ROZEMBARQUE <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) 783-2052

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>
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

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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
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>
Subject: RE: SOUTH RESTORATION -

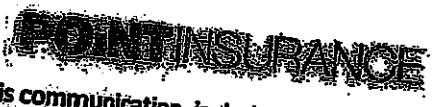
Leandro

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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Use, disclosure or reproduction of this email by anyone other than the intended recipient(s) is strictly prohibited.

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
Cc: Corcoran, Daniel <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>
Subject: PILAR OBREGON -

Please find attached a copy of the renewal app for the insured mentioned above.

Thank you

Leandro

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Callinan, Amanda

From: Callinan, Amanda
Sent: Wednesday, December 28, 2016 10:11 AM
To: bruno@pointinsure.com
Subject: Pilar Obregon
Attachments: DOCL22816- [REDACTED].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**

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

SUBMITTED BY:
FIRST NAME: leandro
LAST NAME: rodrigues
PHONE: 6173816240
EMAIL: leandro@pointinsure.com

already ppt classes
no changes to be made

DLF
DEC 19 2016

Runci, Katie

From:

Sent:

To:

Subject:

AgencyRAPO AMP JEPSEN INS SERVICES INC.PolicyChangeRequest@arbella.com
Wednesday, February 17, 2016 11:37 AM

APFax (CL Operations Fax Mailbox)

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

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

AP-5 1305

NRM
FEB 18 2016

T PAW STREET

SUBMITTED BY:

FIRST NAME: daniel

LAST NAME: delima

PHONE: 6173816240
EMAIL: daniel@rapoandjensen.com

Spellman III, Edward

From: BRUNO ROZEMBARQUE <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

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Sent: Tuesday, December 20, 2016 9:20 AM
To: Hammond, Mayre C.
Cc: 'Lewin, Joshua'
Subject: RE: Pilar Catering

Hi Mayre,

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Sincerely,

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1103 Commonwealth Ave
Boston, MA 02215
P: (617) 783-1160
F: (617) 783-2062

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Subject: Pilar Catering

Hello Bruno

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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>
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
Cc: Corcoran, Daniel <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>
Subject: PILAR OBREGON -

Please find attached a copy of the renewal app for the insured mentioned above.

Thank you

Leandro

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Callinan, Amanda

From: Callinan, Amanda
Sent: Wednesday, December 28, 2016 10:11 AM
To: bruno@pointinsure.com
Subject: Pilar Obregon
Attachments: DOCL22816- [REDACTED].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**

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-85600
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 1-877-769-8880

NOT on commonwealth website

11 JAN 11 2017

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: \$50.00
Payment Mailing Address: Arbella Insurance Group
P.O. Box 53382
Boston, MA 02205-5382

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 



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

Submitted Date 01-11-2017

AGENCY
POINT INS INC
1103 COMMONWEALTH AVE
BOSTON MA 02215
LEANDRO RODRIGUES

DATE (MM/DD/YYYY)
01-04-2017

CARRIER [] **CLASS CODE** [] **UNDERWRITER** []

FILES OR PROGRAM REQUESTED
CAR - Arballia (cedad)

POLICY NUMBER []

INDICATE SERVICES ATTACHED

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE	ELECTRONIC DATA PROC	BOILER & MACHINERY
INSTRUMENT PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
COMMERCIAL MANSUOUS CRIME	BUSINESS AUTO	UMBRELLA
LIENS OR TITRATION	TRUCKERS/AUTOR CARRIER	
UNRECORDED LIENS		

PHONE (A/R No. Ext.) [] **FAX (A/R No. Ext.)** []

EMAIL ADDRESS: leandro@pointinsure.com

CODE: [] **SUB CODE:** 0127

AGENCY CUSTOMER ID: []

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE: 01-13-2017 **PROPOSED EXP DATE:** 01-13-2018 **BILLING PLAN:** X **DIRECT BILL:** [] **AGENCY BILL:** []

ISSUE POLICY: [] **RENEW:** []

FOUND (Give Date and/or Attach Copy): [] **CHANGE DATE:** [] **TRUE:** [] **AM:** [] **PAR:** []

CANCEL: []

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)

PILAR OREGON
DBA: PILAR CATERING

MAILING ADDRESS ENCL ZIP# (of First Named Insured)

JT
JAN 11 2017

TYPE OF BUSINESS (or First Named Insured): [] **PHONE (A/R No. Ext.):** []

INDIVIDUAL: [] **CORPORATION:** X **SUBCHAPTER S CORPORATION:** [] **LLC:** [] **PARTNERSHIP:** [] **JOINT VENTURE:** [] **NO. OF MEMBERS AND MANAGERS:** [] **CREDIT RISK:** [] **ID NUMBER:** []

INSPECTION CONTACT: [] **DATE BUS STARTED:** 2016

ACCOUNTING RECORDS CONTACT: PILAR OREGON

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

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISES:
CATERING BUSINESS
RV

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		X			
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X			
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X			
4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X			
5. ANY CATASTROPHE EXPOSURE?		X			
6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X			
7. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	X				
8. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	X				
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X			
10. ANY BANKRUPTCY, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 3 YEARS?		X			
11. HAS BEEN PLACED IN A TRUST?		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 under ACORD 616 for Property Exposure)		X			

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 (2005/08)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993-2005

Name and Address
DILAN OBRECH

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: \$340.00

ADDITIONAL ATTACHMENTS INFORMATION :

File : PolicyDocumentViewServlet.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Sic Code

UNDERWRITER REMARKS :

AGENT REMARKS :

RE-WRITE OF POLICY NUMBER 1020050959.FRM ARBELLA PROCEDURE #5 TO POINT, PLEASE FIND ATTACHED A COPY OF THE PREVIOUS POLICY DEC PAGE.

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber : 1

ACORD BUSINESS AUTO SECTION

Submitted Date 01-11-2017

AGENCY: **FOUNTAIN INS CO**
 1103 COMMERCIAL AVE
 BOSTON MA 02115
 LEONARDO RODRIGUES

APPLICANT: **PILAR OBREGON**

DATE: **01-04-2017**

EFFEKTIVE DATE: **01-13-2017** EXPIRATION DATE: **01-13-2018**

CODE: **0127**

AGENCY CLIENT ID: **0127**

FOR COMPANY USE ONLY

DIRECT BILL PAYMENT PLAN

COVERAGES/LIMITS

USE ACORD 157 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

ACORD 165 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES OR COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	YEAR	REGISTRATION	DATE OF BIRTH	SEX	EXPI	YEAR	INSURANCE NUMBER	STATE	DATE	CLASSIFICATION	CLASSIFICATION	CLASSIFICATION	CLASSIFICATION
1	PILAR OBREGON													

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

NO.	QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	WITH THE EXCEPTION OF EMPLOYEES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>			
2	DO OVER 5% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>			
3	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>			
4	ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>			
5	ARE ANY VEHICLES CUSTOMER ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>			
6	ARE ICC, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>			
7	DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIALS?		<input checked="" type="checkbox"/>			
8	DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>			
9	ARE ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>			
10	ARE ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>			
11	DOES THE APPLICANT OBTAIN MVR VERIFICATION?		<input checked="" type="checkbox"/>			
12	DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>			
13	ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>			
14	ARE ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		<input checked="" type="checkbox"/>			
15	ARE ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>			
16	HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>			

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS: \$

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST #/ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED					
<input checked="" type="checkbox"/> LOSS PAYEE					
<input checked="" type="checkbox"/> MEMBER		Rockland Federal Credit Union			VEHICLE: 0001 (28286128688890605)
<input type="checkbox"/> EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> OWNER					OTHER
<input type="checkbox"/> REGISTRANT					

REMARKS

ACORD 127 (2003/08)

PLEASE COMPLETE REVERSE SIDE

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Reference# CA-NB-65600
Name and Address
HILAR-CRESON
Submitted Date 01-11-2017

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : HILAR CRESON
DOB : 86

MISCELLANEOUS INFORMATION :

Ridesharing/T.U.C. : NO

ADDITIONAL VEHICLE INFORMATION :

VEHICLE #
Rate Physical Damage Only? : 0001
State Type : No
State 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 : 25000/50000
Bodily Injury To Others Limit : Coverage Not Requested
Underinsured Motorist Limit : 25000/50000
Collision Type : 25000/50000
Waiver of Collision Deductible : Full
\$100 Glass Deductible : Yes
Rental Reimbursement : No
Towing and Labor : 30
Anti-Theft Device : 100
Pollution Type : 200
Is this a Leased Vehicle : No Pollution Liability Coverage-No Surcharge
: No

VEHICLE #
Rate Physical Damage Only? : 0002
State Type : No
State 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 : 25000/50000
Bodily Injury To Others Limit : Coverage Not Requested
Underinsured Motorist Limit : 25000/50000
Collision Type : 25000/50000
Waiver of Collision Deductible : Full
\$100 Glass Deductible : Yes
Rental Reimbursement : No
Towing and Labor : 30
Anti-Theft Device : 100
Pollution Type : 200
Is this a Leased Vehicle : No Pollution Liability Coverage-No Surcharge
: No

End of Document

Accord Additional Info (2004/08)



Reference# CA-NB-65600

Submitted Date 01-11-2017

**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

AGENCY
POINT INS. INC.

APPLICANT (Print Name of Insured)
PILGRIM CROSSING

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 8 2 X 7 3 6	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 <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL PHYSICAL DAMAGE	3	
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 7 8 2 5 6	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 3 7 4 X	CSL <input checked="" type="checkbox"/> 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 8 2 X 7 3 6	CSL <input checked="" type="checkbox"/> 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	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS			COMP \$ BIOP \$ COLL \$
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 ULL LAW	COVERAGES:	PRIMARY	SECONDARY

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 43 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 49 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 49 43 47	CSL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 49 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	CSL <input type="checkbox"/> EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 43 42 47 43 50	CSL <input type="checkbox"/> EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	49		
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	49		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	49		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
OTHER			OTHER	COVERAGES:	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 BBA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1999-2005

Name and Address

PILAR GARRON

Submitted Date 01-11-2017

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

ORC Type

:
:
:
:
: Coverage Not Requested

End of Document

Acord Additional Info (200408)

OverflowPageNumber :1

Office / Agent: 46-0154
Tax ID No:
Policy Number: [REDACTED] 01

**DECLARATIONS - MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
MM 00 07 00 92**



ITEM ONE - NAMED INSURED AND ADDRESS
PILAR OREGON
DBA PILAR CATERING

Product Name and Address: 46-0154
RAPO & JEPENDING SERVICES INC
724 CHELSEA RD 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
Name of Insured's Business: INDIVIDUAL
Effective Date: 02/11/2016
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

The policy provides the coverages and amounts shown in the premium schedule. Each of these coverages will apply only to the extent shown in the premium schedule. The coverages are subject to the terms, conditions, coverages, exclusions, and limitations of the policy. The coverages are not available in all states.

COVERAGES	COVERED AUTOS	LIABILITY INSURANCE	LIMIT	PREMIUM
Compulsory Bodily Injury	7	The most we will pay for any one accident or loss	20,000 Each Person 40,000 Each Accident	558
Personal Injury Protection	7		8,000 Each Person	80
General Bodily Injury	7		20,000 Each Person 40,000 Each Accident	184
Fire and Theft	7		100,000 Each Accident	332
Uninsured Motorist	7		20,000 Each Person 40,000 Each Accident	8
Uninsured Motorist	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.

Coverage	Code	Limit	Deductible	Premium
Comprehensive Coverage	7	SEE SCHEDULE	Deductible	213
Collision Coverage	7	SEE SCHEDULE	Deductible	671
Loss of Use Rental Reimbursement	7	SEE SCHEDULE	Deductible	126
Towing and Labor	7	SEE SCHEDULE	Deductible	32

Forms and Endorsements attached to this coverage Form:

- 26 AP 1011 (07/89)
- 26 AP 1047 (05/99)
- 26 AP 1102 (04/11)
- CA 05 01 (10/01)
- CA 23 86 (01/06)
- CA 98 17 (07/97)
- IL 00 17 (11/85)
- IL 00 21 (04/99)
- MM 99 11 (10/11)
- MM 99 13 (09/96)
- MM 99 17 (09/96)
- MM 99 18 (09/96)
- MM 99 23 (09/96)
- MM 99 33 (09/96)
- MM 99 54 (09/96)

PREMIUM FOR ENDORSEMENTS	ADDITIONAL OR RETURN PREMIUM	ESTIMATED TOTAL PREMIUM
		1,305
		2,780

Includes copy of the policy and other documents. See your agent for more information.

* This policy may be subject to final audit.

Office / Agent: 46-0154
 Tax I.D. No:

**DECLARATIONS - MASSACHUSETTS
 BUSINESS AUTO COVERAGE FORM**
 (Continued) - MM 00 97 09 98



Policy Number: [REDACTED] of [REDACTED]
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		Factor (If Veh. cov. is Primary)	Premium	
		Cost of Hire	Prop. Damage		Cost of Hire	Prop. Damage
Total Premium						

Cost of Hire means the total amount paid for the hire of autos, you own not including autos not owned by you, your partner or any other family members. Cost of Hire does not include charges for use performed by other persons at your residence.

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	Actual Cash Value Covers fire, theft, vandalism, etc.			
Collision	Actual Cash Value Covers collision with another vehicle or object.			
Total Premium				

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Name of Insured Business	Rating Basis	Number	Premium	
			Body Injury	Prop. Damage
Other than a Social Services Agency	No. of Employees			
Social Services Agency	No. of Patients			
	No. of Employees			
	No. of Youngsters			
Total Premium				

**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	FAIR USE		Premiums	
	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
Total Premiums				

When used as a premium basis for PUBLIC AUTO:
Gross Receipts means the total amount to which you are entitled for the use of passengers, mail or merchandise during the policy period regardless of whether you or any other carrier operate the transportation. Gross receipts does not include:
 A. Amount you pay to friends, family, etc. for use of your car.
 B. Taxes which you collect as a separate item and remit directly to a governmental agency.
 C. Gross receipts for cost of mail or merchandise mailed by you.
 D. Government 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 agency.
Mileage means the total of all live and dead mileage developed by all the autos you lease or rental to others during the policy period.

Driver Information:

Div. No.	Driver Name	Date of Birth	License Number	State

Includes Photographic material of Insurance Services Office with its permission.

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 this 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 or 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 17 09 98

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

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** State electronic payment rates.
Amount: **\$250.00** You have elected to make an Electronic Payment. Click the link to process the seen payment.
Payment Mailing Address: **Arbella Insurance Group**
P.O. Box 65332
Boston, MA 02205-5332

Documents

An original copy of this application must be signed by the applicant and the agent, and kept on file by the agency of record. The original copy of this 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 



COMMERCIAL INSURANCE APPLICATION
Submitted Date: 10-13-2014
APPLICANT INFORMATION SECTION

AGENCY: **REPO & JENSEN INS SERVICES INC**
1103 COMMONWEALTH AVE
BOSTON MA 02215
DANIEL EVERETT

DATE (MM/DD/YYYY): **10-13-2014**

CARRIER: **NAO CODE** UNDERWRITER: **UNDERWRITER**

POLICIES OR PROGRAM REQUESTED: **CAR - Arkella (ceded)** POLICY NUMBER: _____

INSURANCE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
ADULTS IN RESIDENCE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY
COMMERCIAL LIABILITY	COMMERCIAL LIABILITY	WORKERS COMPENSATION
CRIMINAL DAMAGE/CRIME	BUSINESS AUTO	UMBRELLA
THEFT FROM MOTORIST/CARGO	TRUCKER/MOTOR CARRIER	

AGENCY CUSTOMER ID: _____ SUB CODE: **0134**

STATUS OF TRANSACTION

QUOTE ISSUE POLICY RENEW

BOUND (Date and/or Attach Copy): _____

CHANGE DATE TIME AM PM

PACKAGE POLICY INFORMATION

ENTERING INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR NONLINE POLICIES.

PROPOSED EXP DATE	PROPOSED EXP DATE	BUILDING PLAN	PAYMENT PLAN	AUDIT
10-13-2014	10-13-2015	<input checked="" type="checkbox"/> DIRECT BILL		No Audit
		<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION

NAME (Print Name of Insured & Other Named Insureds): **NADEGE JEAN CLAUDE**
DBA: **NADEGE JEWELRY**

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

PHONE (A/C, No. Ext.): _____

EMAIL ADDRESS: _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION NOT FOR PROFIT ORG LLC OR BUREAU NAME _____

WEBSITE ADDRESS: _____

INSPECTION CONTACT: _____ DATE BUS STARTED: _____

ACCOUNTING SERVICES CONTACT: **NADEGE**

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				

Stamp: **KMFA 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:

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	1. DURING THE LAST FIVE YEARS (ENDING), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF FRAUD, BREACH OF TRUST, OR ANY OTHER ANSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (If "Yes" question must be answered by any applicant for property insurance. Failure to disclose the existence of a criminal conviction is a misdemeanor punishable by a maximum of 10 to one year of imprisonment.)		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	2. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO HAZARDOUS, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	3. ANY BANKRUPTCIES, TAX OR CREDIT LENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	4. ANY 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"/>	5. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR USA PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "Yes", attach ACORD 916 for Liability, Exposure and/or ACORD 916 for Property/Exposure)		<input checked="" type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 5 YEARS? (Not applicable in NJ)		<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 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, ME, 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 (2005/08)

PLEASE COMPLETE REVERSE SIDE

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PRIOR CARRIER INFORMATION

Submitted Date 9-2014

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRO DATE	EFF-EXP DATE	CLASS CODE	OCCURRENCE	CLASS CODE	OCCURRENCE	CLASS CODE	OCCURRENCE	CLASS CODE	OCCURRENCE	
GENERAL 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 (5 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 REQUIRED 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
MADEGE JEAN CLAUDE

Submitted Date 3-2014

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 ATTACHMENTS 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

VEHICLE DESCRIPTION **ACORD 129 attached for additional vehicles** Submitted Date **3-2014**

VEH# 0001	YEAR 2007	MAKE BMW	MODEL 328XI	SULEV	VIN: WBAVC73537KPS1725	VEHICLE TYPE PP	SYN/AGE	COST NEW \$ 34300				
CITY, STATE, ZIP WHERE GARAGED EVERETT WA 02145		LIC STATE WA	TERR 15	GVW/GCW	CLASS 73910	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO SCHOOL <input type="checkbox"/>	USE <input type="checkbox"/>	COMM'L <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDERS MOTOR TOWING & LABOR SPEC C O P L <input type="checkbox"/>	F	LSP	RENT REIMB <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/>	ACV <input type="checkbox"/>	COMP <input type="checkbox"/>	SPEC C O P L <input type="checkbox"/>
NET VEH PRICE	VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	TOTAL PREMIUM \$						

NET VEH PRICE **VEH#** **YEAR** **MAKE** **MODEL** **VEHICLE TYPE** **TOTAL PREMIUM \$**

VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	TOTAL PREMIUM \$					
------	------	------	-------	--------------	------------------	--	--	--	--	--

NET VEH PRICE **VEH#** **YEAR** **MAKE** **MODEL** **VEHICLE TYPE** **TOTAL PREMIUM \$**

ACORD 127 (2003/08)

Name and Address
NADIGE JEAN CLAUDE

Submitted Date 3-2014

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : NADIGE JEANCLAUDE
SNIP : 08

ADDITIONAL VEHICLE INFORMATION :

VEHICLE # :
Rate Physical Damage Only : 0001
Plate Number : No
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 : Coverage Not Requested
Uninsured 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 9-2014

AGENCY
 KAPO & JEPSEN INS SERVICES INC

APPLICANT (First Name Initial)
 BATHIE JEAN CLAUDE

DATE (MM/YY)
 10-13-2014

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 5 2 X 7 3 8	X EACH PERSON \$ 20000 EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	5 7	PER PERSON \$ 8000 DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 4 7 8 2 5	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 5 3 7	EACH PERSON \$	OPTIONAL COMPREHENSIVE	2 4 5 7 3 8	\$500
COMPULSORY UNINSURED MOTORIST	2 3 4 6 X 7	CSL X EA PER \$ 20000 EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 5 7 3 8	\$
OPTIONAL BODILY INJURY TO OTHERS	1 4 5 8 2 X 7 3 6	CSL X EA PER \$ 20000 EACH ACCIDENT \$ 40000	OPTIONAL COLLISION	2 4 5 8 3 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE IF ANY BASIS \$	STATES # DAYS # VEH COVERAGES/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES	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 UAL 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	EACH PERSON \$ 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 45 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 47 43 48 49	CSL 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 EA PER \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	43	\$	\$
OPTIONAL BODILY INJURY TO OTHERS	41 46 42 47 43 50	CSL EA PER \$ EACH ACCIDENT \$	TRAILER INTERCHANGE			
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE IF ANY BASIS \$	COVERAGES SYMBOL # TRAILERS # DAYS RADIUS DEDUCTIBLE			
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS \$	OPTIONAL COMPREHENSIVE	48		
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL SPECIFIED CAUSES OF LOSS	49		
OTHER			OPTIONAL COLLISION	43		\$

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS SUBJECT TO NO-FAULT (43) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (44) SPECIFICALLY DESCRIBED AUTOS (45) HIRED AUTOS ONLY (46) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (47) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (48) NON-OWNED AUTOS ONLY (49) OWNED COMMERCIAL AUTOS ONLY (50) OWNED PRIVATE PASSENGER AUTOS ONLY

ACORD 137 RA (2005/04)

PLEASE COMPLETE REVERSE SIDE

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MOTOR CARRIER SECTION

Submitted Date 3-2014

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE
BODILY INJURY LIABILITY	61 67 62 68 63 71 64	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE 62 67 63 68 64
COMPULSORY PERSONAL INJURY PROTECTION	65 67	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS 62 67 63 68 64
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61 64 71 62 67 63 68	EACH ACCIDENT \$	OPTIONAL COLLISION 62 67 63 68 64
OPTIONAL MEDICAL PAYMENTS	62 64 63 67	EACH PERSON \$	OPTIONAL TOWING & LABOR 62 67 63 68 64
COMPULSORY UNINSURED MOTORIST	62 63 64 67	CSL <input type="checkbox"/> EI EA PER \$ EI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE
OPTIONAL BODILY INJURY TO OTHERS	61 64 71 62 67 63 68	CSL <input type="checkbox"/> EI EA PER \$ EI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE 69 OPTIONAL SPECIFIED CAUSES OF LOSS 70 OPTIONAL COLLISION 69 70
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE STATES # DAYS # VEH
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OTHER
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY
OTHER			

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 BIA (2008/04)			

Name and Address
NADISE JEAN CLAUDE

Submitted Date 3-2014

Additional Information

GARAGEKEEPERS COVERAGE:

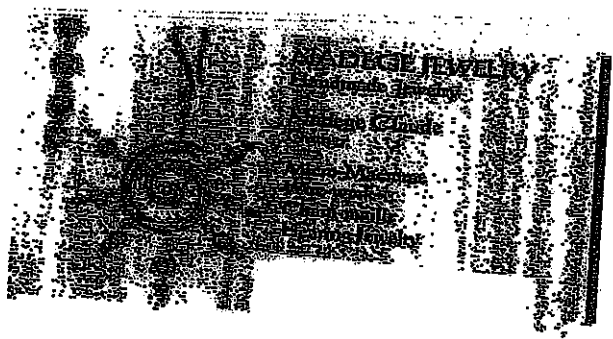
Locations

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

End of Document

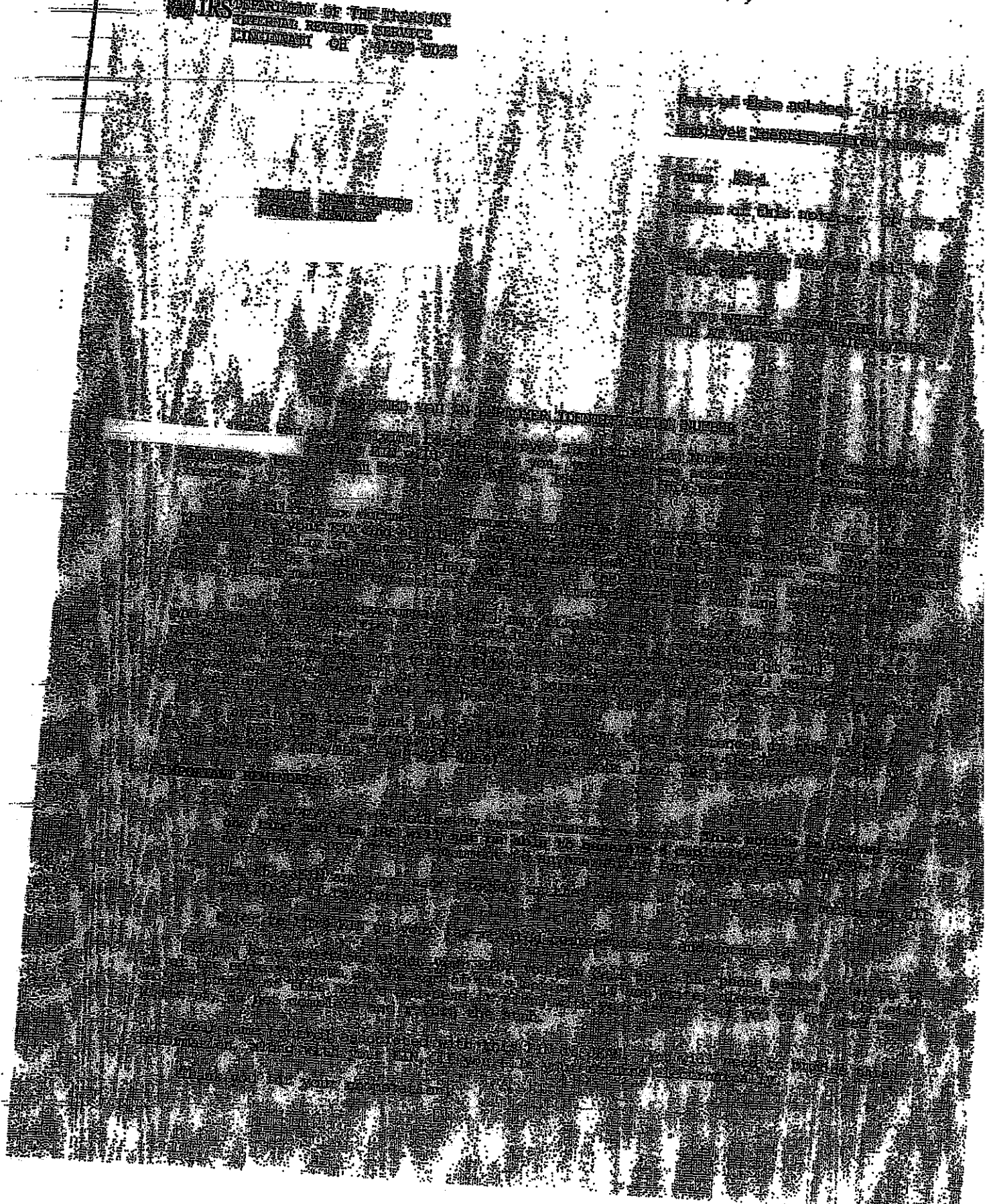
Acord Additional Info (2004/08)

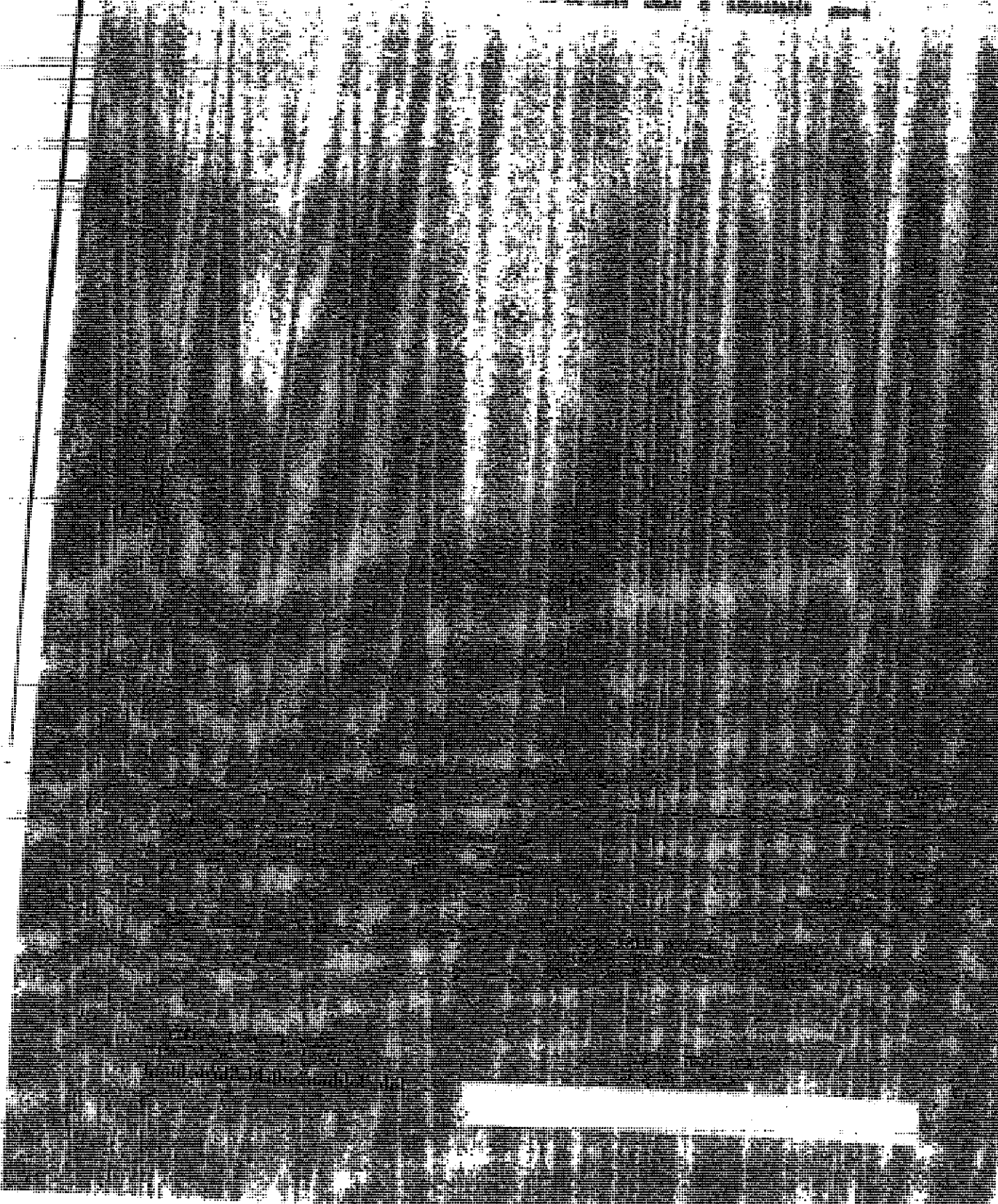
OverflowPageNumber :1



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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45209-0000





Arbella Insurance Group
Claim No. 1020062256

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
[REDACTED], Street spelled out S-t-r-e-e-t, i.

Her driver's license number is

It has a date of birth of [REDACTED] 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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

3

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

4

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

5

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

6

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

7

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 ACM, 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 ACM, 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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

8

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

9

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

10

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

11

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

12

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

13

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020062256

14

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

16

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]

[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

18

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

5(a)

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174



DEC 15 13:06

NADEGE JEAN CLAUDE
DBA: NADEGE JEWELRY
EVERETT, MA 02149

Agent: 46012
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:

Haircutting

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?
1001 to Dan

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: Nadège Jean Claude
Print Name: Nadège Jean Claude
Agent Signature: _____

Date: 12/12/2016
Date: _____

ARBELLA P. O. BOX 9103
BOSTON, MA 02269-9103
INS BY OF INSURANCE COMPANY

**NOTICE OF NON-RENEWAL
OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Registration Number
V-I-Number REFER TO POLICY

Date of this Notice: 12/05/2016
Policy Expiration at 12:01 A.M.: 01/20/2017
Policy Number: [REDACTED]

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 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 A. Hayden
AUTHORIZED REPRESENTATIVE

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

Arbella

SUBMISSION CONFIRMATION

General Information

Policy #:
 Status: **Manually Printed**

JAN 21 2015

613041215
 DP \$ 270.00

Agency Information

Agency Name: **RAPO & JEPSEN INS SERVICES INC**
 Product 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**

DLF
JAN 21 2015

Estimated Premium

Total Policy Premium: \$1,487
 NB premium \$ 1497.00

Policy Optional Coverages

Coverages	Limits	Excludes	Premium
Vehicle # 1 Premium: \$1,487			
2007 BAW S2000 SMLEV			
MSAV1232716-S1725			
Compulsory Insurance:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$284
Compulsory Personal Injury Protection	\$2,000		\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$401
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		\$82
Optional Medical Payments			\$223
Collision			\$188
Waiver of Deductible	Yes	\$500	\$83
Comprehensive		\$500	\$93
Physical Reimbursement	30/30 Days		\$8
Towing and Labor	\$50		\$0
Optional Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
Risk Characteristics:			
Sampling City			
Territory	15		
Class Code	73910		
Anti-theft Device	20%		

Prior carum
 Arbella

Prior policy

undo rag
 11/15/2015

Billing susp

Sysy 30

Arbella

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





Down Payment Information

Type: **Electronic Payment**
Amount: **\$261.00**
Payment Mailing Address: **Arbella Insurance Group
P.O. Box 53362
Boston, MA 02205-5332**

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: 01-20-2015
COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY: **RAPO & JEPSEN INS SERVICES INC**
19 HILL ST
LOWELL MA 01852
DANTEL EVERETT

CARRIER: **MAC** CODE: **0127** UNDERWRITER: **Arbella (cedea)**

DATE REQUIRING: **01-20-2015**

ROUNDS OR PROGRAM REQUESTED: **01 - Arbella (cedea)**

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
CLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE/PAIDABLE	ELECTRONIC DATA PROC	BOILER & MACHINERY
CRIMINAL/SECURITY/CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
TRANSFORMATION	BUSINESS AUTO	UMBRELLA
TRUCK/TRACTOR CARRIER		

PHONE (Int. No. Ext.): _____
FAX: _____
E-MAIL: _____
ADDRESS: _____
CODE: _____
AGENCY CUSTOMER ID: _____

STATUS OF TRANSACTION

QUOTE: ISSUE POLICY RENEW AM FM

BOUND (also Date and/or Attach Copy): _____
CHANGE DATE TIME _____
CANCEL _____

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR NONLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
01-20-2015	01-20-2016	DIRECT BILL	AGENCY BILL	No Audit

APPLICANT INFORMATION

NAME (Print Name of Insured & Other Named Insured): **NADEGE JEAN CLAUDE**
DBA: **NADEGE JEWELRY**

MAILING ADDRESS (incl. ZIP+4 if First Named Insured): _____

PHONE (Int. No. Ext.): _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION LLC CR OR BR/AL NAME _____ ID NUMBER _____

RESPECTION CONTACT: _____ DATE BUS STARTED _____

ACCOUNTING RECORDS CONTACT: **NADEGE**

PREMISES INFORMATION

LOC #	BLDG #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY/LIMIT	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

EXPLAIN ALL "YES" RESPONSES

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? YES NO

2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? YES NO

3. IS A FORMAL SAFETY PROGRAM IN OPERATION? YES NO

4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? YES NO

5. ANY GASES/POISONOUS EXPOSURE? YES NO

6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? YES NO

7. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not Applicable in MD) YES NO

8. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? YES NO

9. DURING THE LAST FIVE YEARS (ITEM IN 8D), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY INFRACTION OF THE CRIME OF FRAUD, BREACH OF FIDUCIARY, BREACH OF TRUST, OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (If "Yes" this question must be completed by any applicant for property insurance. Failure to disclose the existence of an arrest/conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) YES NO

10. ANY UNCORRECTED FIRE CODE VIOLATIONS? YES NO

11. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? YES NO

12. HAS BUSINESS BEEN PLACED IN A TRUST? (YES, NAME OF TRUST) YES NO

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) YES NO

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 (IF 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 03-2015

LINE	CATEGORY	CLASS		OCCURRENCE		CLASS		OCCURRENCE		CLASS		OCCURRENCE	
		CODE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	RETRN DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS GROUP OF AGGREGATE												
	PERSONAL & ADV INJ												
	BODILY OCCURRENCE												
	PROPERTY DAMAGE												
	MEDICAL EXPENSE												
	BODILY OCCURRENCE												
	INJURY AGGREGATE												
	PROPERTY OCCURRENCE												
	DAMAGE AGGREGATE												
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
FIRE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING AMT												
	PERS PROP AMT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													
WATER	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	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 & WY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RECEIVED	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 (2005/06)

Name and Address
MADEGE JEAN CLAUDE

Submitted Date 20-2015

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Insurance

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 BUSINESS AUTO SECTION

Submitted Date: 02-20-2015

AGENCY RAO & JEPSEN INS SERVICES INC 19 MILL ST LOWELL, MA 01852 DANIEL EVERETT		APPLICANT NADEGE JEAN CLAUDE <small>(Print Name and Address)</small>		DATE (MM/DD/YY) 01-20-2015	
CODE AGENCY CUSTOMER ID:	SUB CODE: 0127	EFFECTIVE DATE 01-20-2015	EXPIRATION DATE 01-20-2016	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN AUT

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

ACORD 165 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)	SEX	DATE OF BIRTH	YES	WEAR	YES	YES	STATE	DATE	ISSUED	DOC	ISS	ISS
				EXP	LD	BUSINESS LICENSE NUMBER	SOCIAL SECURITY NUMBER	LIC	TYPE	NO	NO	NO	NO
1	NADEGE JEAN CLAUDE												

GENERAL INFORMATION

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?			8. ANY HOLD HARMLESS AGREEMENTS?		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
4. ARE ANY VEHICLES LEASED TO OTHERS?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
6. ARE IDC, PUC OR OTHER FILINGS REQUIRED?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
			15. HAS AGENT INSPECTED VEHICLES?		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	RANK FIRST HELP FINANCIAL	NAME AND ADDRESS FIRST HELP FINANCIAL	REFERENCE # ACORD 46 attached for additional names	CERTIFICATE REQUIRED <input checked="" type="checkbox"/>	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$
---	-------------------------------------	---	--	--	---

REMARKS

ACORD 127 (2003/08)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993

VEHICLE DESCRIPTION

Submitted Date 03-20-2015

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCV	CLASS	VEHICLE TYPE	STORAGE	COST NEW
0001	2007	RAM	328XI SULLEY	MA	15	GVW/GCV	73910	PP SPEC COLL		34300
CITY, STATE, ZIP WHERE GARAGED: EVERETT MA 02149 DRIVE TO SCHOOL: <input type="checkbox"/> 15 MILES <input type="checkbox"/> 15 MILES+ USE: <input type="checkbox"/> PLEASURE <input checked="" type="checkbox"/> SERVICE COMM'L: <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> SERVICE CHECK COVERAGES: <input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR <input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC COPL NET VEN ORIGIN:										
VIN: WBAVC73527K931725 CLASS: 73910 FACTOR: 32 SEAT CP: 1 RADIUS: 49 FARTHEST TERM: 49 DEDUCTIBLES: <input type="checkbox"/> AA <input type="checkbox"/> ST AMT: \$ ACV: <input checked="" type="checkbox"/> COMP: <input type="checkbox"/> SPEC COPL: <input type="checkbox"/>										
TOTAL PREM \$ 500 COLL										
CITY, STATE, ZIP WHERE GARAGED: EVERETT MA 02149 DRIVE TO SCHOOL: <input type="checkbox"/> 15 MILES <input type="checkbox"/> 15 MILES+ USE: <input type="checkbox"/> PLEASURE <input type="checkbox"/> SERVICE COMM'L: <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE CHECK COVERAGES: <input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR <input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC COPL NET VEN ORIGIN:										
VIN: GVW/GCV CLASS: 73910 FACTOR: 32 SEAT CP: 1 RADIUS: 49 FARTHEST TERM: 49 DEDUCTIBLES: <input type="checkbox"/> AA <input type="checkbox"/> ST AMT: \$ ACV: <input type="checkbox"/> COMP: <input type="checkbox"/> SPEC COPL: <input type="checkbox"/>										
TOTAL PREM \$ 500 COLL										

ACORD 127 (2003/08)

Name and Address
NADEGE JEAN CLAUDE

Submitted Data 00-2015

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : NADEGE JEANCLAUDE
DOB : 08

ADDITIONAL VEHICLE INFORMATION :

VEHICLE # : 0001
Rate Physical Damage Only : No
Plate Number : Unknown
Bodily Injury Limit : 20000/40000
Personal Injury Limit : 6000
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
Uninsured Motorist Limit : 20000/40000
Collision Type : Full
Driver of Collision Deductible : Yes
\$100 Glass Deductible : No
Rental Reimbursement : 30
Towing and Labor : 50
Anti-Theft Device : 20%
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 10-20-2015

AGENCY
RAPO & JENSEN INS SERVICES INC

APPLICANT (FIRM NAME/INDIVIDUAL)
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 9 2 X 7 3 6	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 \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 2 4 6	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	OPTIONAL COMPREHENSIVE	2 4 8 3 7	\$500
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 4	CSL <input type="checkbox"/> BI <input checked="" type="checkbox"/> 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 8 2 X 7 3 6	CSL <input type="checkbox"/> BI <input checked="" type="checkbox"/> 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 <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	STATES	# DAYS	# VEH
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 UGL LAW	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
			COVERAGE IS:	PRIMARY	SECONDARY

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 45 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 45 43 47		\$
COMPULSORY PERSONAL INJURY PROTECTION	44 48	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	42 45 43 47	CSL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 45 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 45 43 47	F FTW	\$
OPTIONAL MEDICAL PAYMENTS	42 45 43	EACH PERSON \$	OPTIONAL TOWING & LABOR	46		\$
COMPULSORY UNINSURED MOTORIST	42 45 43 46	CSL <input type="checkbox"/> BI <input type="checkbox"/> EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 43 47 42 45 50	CSL <input type="checkbox"/> BI <input type="checkbox"/> EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48	TRAILERS <input type="checkbox"/> PARTS ZONE <input type="checkbox"/>	# DAYS
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	48	RADIUS	DEDUCTIBLE
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	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			
OTHER			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	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
			COVERAGE IS:	PRIMARY	SECONDARY	

ACORD 137 BA (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
BODILY INJURY LIABILITY	61 67 62 68 63 71 64	PER PERSON \$ EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE OPTIONAL SPECIFIED CAUSES OF LOSS OPTIONAL COLLISION OPTIONAL TOWING & LABOR
COMPULSORY PERSONAL INJURY PROTECTION	65 67	PER PERSON \$ YOURSELF <input type="checkbox"/> <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61 64 71 62 67 63 68	EACH ACCIDENT \$	
OPTIONAL MEDICAL PAYMENTS	62 64 63 67	EACH PERSON \$	
COMPULSORY UNINSURED MOTORIST	62 68 63 67 64	CSL <input type="checkbox"/> EA PER \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$	
OPTIONAL BODILY INJURY TO OTHERS	61 64 71 62 67 63 68	CSL <input type="checkbox"/> EA PER \$ EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	
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			

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
OPTIONAL COMPREHENSIVE	62 67 63 68		\$
OPTIONAL SPECIFIED CAUSES OF LOSS	62 67 63 68 64	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>	\$
OPTIONAL COLLISION	62 67 63 68 64		\$
OPTIONAL TOWING & LABOR	63 67		\$

COVERAGES	SYMBOL	# TRAILERS	TRAILER ZONE	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL COMPREHENSIVE	69					
OPTIONAL SPECIFIED CAUSES OF LOSS	70					
OPTIONAL COLLISION	69					\$

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 licensed 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 Mark 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
NADEGE JEAN CLAUDE

Submitted Date 20-2015

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

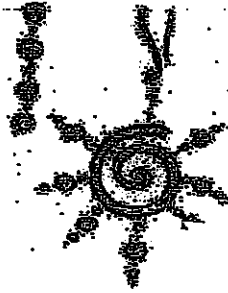
ORC Type

:
:
: Coverage Not Requested

End of Document

Acord Additional Info (200469)

OverflowPageNumber :1



NADEGE JEWELRY
Handmade Jewelry

Antique Clutch
Beads
Korean Bracelets
Pendants
Chain necklaces
Earrings Jewelry



IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45299-0023

Date of this notice: 10-08-2014

Employer Identification Number:

Form: 52-A

Number of this notice: 00 52-A

NAME: JEAN CHADES
NAMES: JEWELRY

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

[Redacted] For assistance for an Employer Identification Number (EIN). We assigned you 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 file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-5716 (TDD) or 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 providing 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.

(LINE USE ONLY)

5756

10-08-2014

JEAN O

999999999

SS-1

Keep this part for your records.

CP 575 6 (Rev. 7-2007)

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

CP 575 6

999999999

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 10-08-2014
EMPLOYEE IDENTIFICATION NUMBER:
NONE SS-1

FEDERAL REVENUE SERVICE
CINCINNATI OH 45229-0923
[Barcode]

MAISEE JEAN CLAUDE
MAISEE JEWELRY

SUBMISSION CONFIRMATION

General Information

Policy #:
 Status: **Manually Printed** ✓

Agency Information

Agency Name: **POINT INS INC**
Producer Code: **0127**

Policy #

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 Unit at 1-877-788-5659

Ed Spellman already visited
Not Jewelry Sales

~~Jewelry~~ Jewelry Sales

1 PPT = Individual name on corp file w/ FED

1 driver = MA license

Previously written: [REDACTED]

↳ Nonrenewal as there was no proof of legit business

Sent to SEU 02/01/2017

DL

KXH
JAN 19 2017

GEORGE W. WALKER

(non renew)

19 JAN 17 12:20

Policy Optional Coverages			
Coverages	Limits	Exclusions	Premium
Vehicle # 1 Premium: \$1,518			
PAN 545430			
Compulsory Insurance			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$25
Compulsory Personal Injury Protection	\$5,000		\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$41
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$5
Optional Insurance			
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident		\$220
Optional Medical Payments	\$25,000		\$11
Collision		\$500	\$488
Waiver of Deductible	Yes		
Comprehensive		\$500	\$180
Rental Reimbursement	45/90 Days		\$25
Towing and Labor	\$100		\$18
Optional Underinsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$22
Risk Characteristics			
Geographic City			
Yearly	16		
Class Code	73910		
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 30 days.

Down Payment Information

Type:	Cash
Amount:	\$325.00
Payment Mailing Address:	Arbella Insurance Group P.O. Box 55332 Boston, MA 02205-5332

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 



COMMERCIAL INSURANCE APPLICATION

Submitted Date 01-19-2017

APPLICANT INFORMATION SECTION

AGENCY: POINT INS INC
1103 COMMONWEALTH AVE
BOSTON MA 02215
LEANDRO RODRIGUES

PHONE: (617) 552-1100
FAX: (617) 552-1100
EMAIL: leandro@pointinsure.com
ADDRESS: 0127
AGENCY CUSTOMER ID: SUB CODE: 0127

CARRIER: [] MAC CODE: [] UNDERWRITER: [] UNDERWRITER OF: []

POLICIES OR PROGRAM REQUESTED: CAR - Auto/Ta (ceded)

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
CLASS AND SIGN	INSTALLATION BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE	ELECTRONIC DATA PROC	BOILER & MACHINERY
VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
CRIMINAL LIABILITY	BUSINESS AUTO	UMBRELLA
TRUCKS/MOTOR CARRIER		

DATE (MM/DD/YYYY): 01-19-2017

STATUS OF TRANSACTION

RENEW ISSUE POLICY RENEW

BOUND (Give Date and/or Attach Copy): []

CHANGE DATE: [] TIME: [] AM PM

PACKAGE POLICY INFORMATION

ENTER THE INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EXP DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	ALERT
01-20-2017	01-20-2018	X DIRECT BILL		No Alerts
		AGENCY BILL		

APPLICANT INFORMATION

NAME (First Name, Last Name & Other Named Names): MADRGE JEAN CLAUDE

MAILING ADDRESS (incl ZIP+4) (if First Name is female): []

PHONE (incl No. Ext): []

WEBSITE ADDRESS: []

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SLEIGHTER'S CORPORATION NOT FOR PROFIT ORG LLC NO. OF MEMBERS AND MANAGERS: []

OR BUREAU NAME: [] B NUMBER: []

INSURANCE CONTACT: [] ACCOUNTING RECORDS CONTACT: MADRGE JEAN CLAUDE

DATE BUS STARTED: (circled) JAN 19 2017

PREMISES INFORMATION

LOC#	BLDG	STREET, CITY, COUNTY, STATE, ZIP+4	CITY/LRST	INTEREST	YR BUILT	# EMPLOYED	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)

JEWELRY SALES BY []

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		X	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, BREACH OF TRUST OR ANY OTHER ANTONY-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?		X
10. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X	8. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
2. IS A FEDERAL SAFETY PROGRAM IN OPERATION?		X	10. ANY BANK CHECKS, TAX OR CREDIT LENS 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?		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 MD)	X				
7. ANY FATAL LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	X				

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 THERE TO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable to 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: []

Submitted Date 01-19-2017

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	CLASS CODE	OCCURRENCE	START DATE	OCCURRENCE	CLASS CODE	OCCURRENCE	CLASS CODE	OCCURRENCE	CLASS CODE	OCCURRENCE
GENERAL LIABILITY														
AUTOMOBILE LIABILITY														
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 (5 YEARS IN NJ & NY)

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

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.

Submitted Date 01-19-2017

Name and Address
NADEGE JEAN CLAUDE

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Abbella 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: \$325.00

ADDITIONAL ATTACHMENTS INFORMATION :

File : NADEGE.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Sic Code :

UNDERWRITER REMARKS :

AGENT REMARKS :

PER ABBELLA'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

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
0001	2008	MAZDA	535XI	VEHICLE TYPE		\$ 51600
CITY, STATE, ZIP WHERE GARAGED		EVERETT WA 02149		VEHICLE TYPE		FARTHEST TERM
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		\$ 49
15 MILES +		FARM		VEHICLE TYPE		\$ 500
NET VEH DUES				VEHICLE TYPE		\$ 500
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						
VEH #	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				VEHICLE TYPE		
DRIVE TO WORK/SCHOOL		15 MILES		VEHICLE TYPE		
15 MILES +		FARM		VEHICLE TYPE		
NET VEH DUES				VEHICLE TYPE		
TOTAL PREM \$						

ACORD 127 (2003/08)

Name and Address
NADEGE JEAN CLAUDE

Submitted Date 01-19-2017

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : NADEGE JEANCLAUDE
DOB : 08

MISCELLANEOUS INFORMATION :

Hidetharing/T.S.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 : 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 : 200
Pollution Type : No Pollution Liability Coverage-No Surcharge
Is this a Leased Vehicle : No

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber : 1

Submitted Date 01-19-2017

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
BODILY INJURY LIABILITY	61 67 62 68 63 71 64	\$ \$ \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
COMPULSORY PERSONAL INJURY PROTECTION	65 67	PER PERSON \$ MED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL COMPREHENSIVE	62 67 63 68 64	\$						
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61 64 71 62 67 63 68	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62 67 63 68 64	\$	COL	FT	LSP			
OPTIONAL MEDICAL PAYMENTS	61 64 62 67	EACH PERSON \$	OPTIONAL COLLISION	62 67 63 68 64	\$	F	FTW				
COMPULSORY UNINSURED MOTORIST	62 68 63 67 64	CSL <input type="checkbox"/> EA PER \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	62 67 63 68 64	\$						
OPTIONAL BODILY INJURY TO OTHERS	61 64 71 62 67 63 68	CSL <input type="checkbox"/> EA PER \$ EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION <input type="checkbox"/>	TRAILER INTERCHANGE								
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COVERAGES	SYMBOL	# TRAILERS	# DAYS	RADIUS	DEDUCTIBLE			
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	68							
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL SPECIFIED CAUSES OF LOSS	68							
OTHER			OPTIONAL COLLISION	68				\$			
			OPTIONAL HIRED PHYSICAL DAMAGE	68	STATES	# DAYS	# VEH				
			OTHER		COVERAGES:	PRIMARY	SECONDARY				
COVERED AUTO SYMBOLS											
(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

(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 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
-----------------------	------	----------------------	--------------------------

AGORD 137 11A (2005/04)

Name and Address

Submitted Date 01-19-2017

NADEGE JEAN CLAUDE

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

URC Type

:

: Coverage Not Requested

End of Document

Avoid Additional Info (2004/08)

OverflowPageNumber :1

Office / Agent: 46-0127

Tax ID No.:

Policy Number:

**DECLARATIONS - MASSACHUSETTS
 BUSINESS AUTO COVERAGE FORM**

MM 00 07 00 00



ITEM ONE - NAMED INSURED AND ADDRESS
 NADEGE JEAN CLAUDE
 DBA: NADEGE JEWELRY

Producer Name and Address: 46-0127

PONT 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. For 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	3,000 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	441
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMIT \$20,000/\$40,000)	7	20,000 Each Person 40,000 Each Accident	4
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 189
Collision Coverage	7	SEE SCHEDULE	Deductible 489
Limited Collision Coverage			Deductible
Loss of Use-Rental Reimbursement	7	SEE SCHEDULE	
Towing and Labor	7		\$50 for each disablement of a private passenger auto 8

Forms and Endorsements attached to this Coverage Form:



MM 00 23 (09/98)
 MM 00 35 (09/98)
 MM 00 54 (09/98)

PREMIUM FOR ENDORSEMENTS ADDITIONAL OR RETURN PREMIUM	
*ESTIMATED TOTAL PREMIUM	1,611

*This policy may be subject to final audit.

Includes copy of the National Flood Insurance Service Office with its jurisdiction.

Countersigned by:

Authorized Representative

10/24/2016

Office / Agent: 46-0127
 Tax ID 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/Year	Size (GV, GVW) or Seating Capacity	Territory, City & State where the covered auto will be garaged
002	2008 BMW 335X SEDAN 4 DR. WBANV935480266538	\$1,600		

CLASSIFICATION

Auto No.	Business Use - Service Retail, Commercial	Symbol	Age Group	Class	Reason of Operation	Mobile Equip	Inspection Code	Loss of Use Amt/Days
002		10	9	73810			WAIVED	30 / 30

LIABILITY LIMITS (Limits in Thousands)

Auto No.	Complimentary Bodily Injury (\$20,000/\$40,000 each person)		Personal Injury Protection \$5,000 Ea. Person		Optional Bodily Injury		Property Damage (Complimentary 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	Limit	Premium
002	294	40	20 40	92	100		441			20 40	4	20 40		20 40	INCL

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit		Specified Parts			Comprehensive		Collision		Limited Collision	
			Coi.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
002	AGV					500	190	500	489		

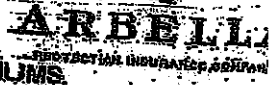
* E - Fire Coverage, T - Theft Coverage, EA - Fire and Theft, CAE - Combined Additional Coverage.
 ** YES Designates Waiver of Deductible.
 *** Designates Policy Level Additional Insured - Lessor applies.
 @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for AGV, the limit of liability.

Auto No.	Exempt for having all physical damage loss is payable to you and the loss pays named below as interests may appear at the time of loss.
002	GATEWAY ONE LENDING & FINANCE, I

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Office Agent: 46-0127
 Tax ID No:
 Policy Number:

**DECLARATIONS - MASSACHUSETTS
 BUSINESS AUTO COVERAGE FORM
 (Continued) - MM 01 97 (9 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 not cov. is primary)	Premium	
		Body Injury	Prop. Damage		Body Injury	Prop. Damage
Total Premium						

Cost of Hire means the total amount incurred by the hire of autos you are covered including taxes you pay for your business or employees (not family members). Cost of Hire does not include charges for services performed by motor carriers of 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	Actual Cash Value Whichever is less, subject to applicable exclusions and coverages			
Specific Causes of Loss	Whichever is less, subject to applicable exclusions and coverages			
Collision	Whichever is less, subject to applicable exclusions and coverages			
Total Premium				

ITEM FIVE - SCHEDULE FOR NONOWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium	
			Body Injury	Prop. Damage
Other than Social Services Agency	No. of Employees			
Social Services Agency	No. of Partners			
	No. of Employees			
	No. of Volunteers			
Total Premium				

**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"/> Per \$1000 Gross Receipts			
<input type="checkbox"/> Mileage	<input type="checkbox"/> Per mile			
Total Premiums				
Minimum Premiums				

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 operate 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 FIC 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.
 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 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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[The main body of the page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is too light to be transcribed accurately.]

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 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 taxicab, 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 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 expenses which is not already provided for under Comprehensive Coverage or Specified Causes of Loss Coverage.

MM 99 39-09 98



TRANSFER 2007 BMW (1725) TO 2008 BMW (6598)

Issued To				
Policy Number	End Number	End Effective Date	Policy Effective Date	Prod Car Code
		10/21/2016	01/26/2016	46-0127
			Authorized Countersignature	

26AP1047 06 9B

EXHIBIT 6

EDILSON LOPEZ

Arbella

MACT

ONE

SUBMISSION CONFIRMATION

General Information

Policy #:
 State: Maryland

Agency Information

Agency Name: RAPD & 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

Coverage	Limits	Deductible	Premium
Vehicle # 1 Premium = \$1,540			
2010 HONDA PLYER EXL			
SVTY-015-04020621			
Compulsory Insurance:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$294
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		\$0
Optional Insurance:			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$82
Optional Medical Payments	\$10,000		\$0
Waiver of Deductible	Yes	\$400	\$450
Comprehensive			\$53
Rental Reimbursement	30/90 Days	\$200	\$151
Optional Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
Risk Characteristics:			
Garaging City			
Territory			
Class Code			
	18		
	73810		

Issued \$1513
FRB Suspended

AQC
FEB 24 2015

CJP
FEB 12 2015

IS / 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 55392 Boston, MA 02205-5392	

Documents

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

- To View/Print Commercial Auto - MA Application click this item  ACORD 125 PDF
- To View/Print Commercial Auto - MA Application click this item  ACORD 127 PDF
- To View/Print Commercial Auto - MA Application click this item  ACORD 137NA PDF
- View/Print Other 



Submitted Date 1-2015
COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY: **RAGO & JERSEN INS SERVICES INC**
19 MILL ST
LOWELL MA 01852

CARRIER: **ARBELLA** (coded)
RATG CODE: _____ UNDERWRITER: _____ UNDERWRITER OFF: _____

PHONE (Incl. No. Ext.): _____
FAX: _____
E-MAIL: _____
WEBSITE: _____

AGENCY CUSTOMER ID: _____ SUB CODE: **0134**

INDICATE SECTIONS ATTACHED

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> EQUIPMENT FLOATER	POLICY NUMBER
<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	
<input type="checkbox"/> ACCIDENTS, THEFT, VANDALISM, VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROC	
<input type="checkbox"/> CRIMINALS OR LAZARUS CRIME	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	
<input type="checkbox"/> TRANSPORTATION (AUTO/STREET/RAIL)	<input type="checkbox"/> BUSINESS AUTO	
<input type="checkbox"/>	<input type="checkbox"/> TRUCKS/ROTOR 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

STATUS OF TRANSACTION

QUOTE ISSUE POLICY RENEW REVISION

REASON (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 START DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
02-11-2015	02-11-2016	X DIRECT BILL		No Audit
		AGENCY BILL		

APPLICANT INFORMATION

NAME (First, Second, Suffix & Other Named Insureds):
EDILSON LOPEZ
TRA: LOPEZ IRON WORK

MAILING ADDRESS (Incl. ZIP+4) (of First Named Insured):
40 JOHN ST
CHILMARK MA 02150

PHONE (Incl. No. Ext.): _____

WEBSITE ADDRESS: _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION LLC OTHER/BUREAU MAKE

NO. OF MEMBERS AND MANAGERS: _____

REPRESENTATIVE CONTACT: **EDILSON LOPEZ**

ACCOUNTING RECORDS CONTACT: **EDILSON LOPEZ**

DATE BUS STARTED: _____

PREMISES INFORMATION

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

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

IRON WORK

GENERAL INFORMATION

EXPLAIN ALL YES RESPONSES

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	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, BREACH OF TRUST, OR ANY OTHER FINANCIAL 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 open conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	YES	NO
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	X		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?	X		10. ANY BANKRUPTCY, TAX OR CREDIT LITIGATION AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X
4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	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 215 for Foreign Exposure and/or ACORD 216 for Foreign Exposure)		X
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PAST 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				

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 THERE TO, COMMITS A VIOLATION OF THE INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SOME STATES) CIVIL PENALTIES. (Not applicable in CO, FL, 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. THESE 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 128 (2005/08)

PLEASE COMPLETE REVERSE SIDE

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PRIOR CARRIER INFORMATION

Submitted Date 11-2015

LINE	CATEGORY	CLAIMS														
		CLASS CODE	OCURRENCE	CLASS CODE	OCURRENCE	CLASS CODE	OCURRENCE	CLASS CODE	OCURRENCE	CLASS CODE	OCURRENCE	CLASS CODE	OCURRENCE			
GENERAL LIABILITY	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	RETRO DATE															
	EFF-EXP DATE															
	GENERAL AGGREGATE															
	PRODUCTS COMP OP AGGREGATE															
	PERSONAL & AD/DM															
	EACH OCCURRENCE															
	FIRE DAMAGE															
	MEDICAL EXPENSE															
	BODILY OCCURRENCE															
	BODILY INJURY AGGREGATE															
	PROPERTY OCCURRENCE															
	DAMAGE AGGREGATE															
COMBINED SINGLE LIMIT																
MODIFICATION FACTOR																
TOTAL PREMIUM																
LIABILITY	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	EFF-EXP DATE															
	COMBINED SINGLE LIMIT															
	BODILY INJURY															
	PROPERTY DAMAGE															
	MODIFICATION FACTOR															
	TOTAL PREMIUM															
	PROPERTY	CARRIER														
POLICY NUMBER																
POLICY TYPE																
EFF-EXP DATE																
BUILDING AMT																
RENT PROP AMT																
MODIFICATION FACTOR																
TOTAL PREMIUM																
AUTO		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/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.

Name and Address
EDISON LOPEZ

Submitted Date 1-2015

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: \$280.00

ADDITIONAL ATTACHMENTS INFORMATION :

File : BUSINESS.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Zip Code :

AGENT REMARKS :

ATTACHED PROOF OF THE BUSINESS, THANKS, DANIEL.

End of Document

Accrd Additional Info (2004/08)

OverflowPageNumber :1

VEHICLE DESCRIPTION															Submitted Date: 1-2015				
VEH# 0001	YEAR 2010	MAKE HONDA	MODEL PILOT EXL	VEH# 5FNYF4R54AB020621	VEHICLE TYPE	SYNAGE	COST NEW								35445				
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM								49				
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$ 500								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$ 500	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				
VEH#	YEAR	MAKE	MODEL	VEH#	VEHICLE TYPE	SYNAGE	COST NEW												
CITY, STATE, ZIP WHERE GARAGED	TERM	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM												
DRIVE TO WORK/SCHOOL	USE	COMPL	CHECK COVERAGES	ADDL NO. FAULT	UNDERINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL							
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL	FG	AA	ST AMT	\$								
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	FG	AA	ST AMT	\$									
NEVER DRIVES	TOTAL PREMIUM \$													\$	COLL				

ACORD 127 (2003/08)

Name and Address
EDILSON LOPEZ

Submitted Date 1-2015

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : EDILSON LOPEZ
DOB : 03

ADDITIONAL VEHICLE INFORMATION :

VEHICLE # : 0001
Rate Physical Damage Only? : No
Plate Number : Delmar
Bodily Injury Limit : 20000/40000
Personal Injury Limit : 0000
Property Damage Limit : \$100,000
Property Damage Deductible :
Uninsured Motorist Limit : 20000/40000
Medical Payment Limit : 10000
Bodily Injury to Others Limit : 20000/40000
Uninsured 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

Acord Additional Info (2004/06)

OverflowPageNumber :1



MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

Submitted Date: 11-2015

AGENCY: **RAPO & JERSEN INS SERVICES INC** APPLICANT (Last Name, Initials): **EDLISON LOPEZ** DATE (MM/DD/YYYY): **02-11-2015**

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 6 2 X 7 8	<input checked="" type="checkbox"/> EACH PERSON \$ 20000 <input type="checkbox"/> 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 6 3 X 7 8	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 6 3 X 7 8	\$500
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 8 4	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> EA PER \$ 20000 <input type="checkbox"/> EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 6 3 7 8	
OPTIONAL BODILY INJURY TO OTHERS	1 4 6 9 2 X 7 8 3	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> EA PER \$ 20000 <input type="checkbox"/> EACH ACCIDENT \$ 40000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 6 3 X 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	(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 ILL. LAW	COVERAGE IS:	PRIMARY	SECONDARY

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 48 42 47 43 49	<input type="checkbox"/> EACH PERSON \$ <input type="checkbox"/> 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 43 47	<input type="checkbox"/> CSL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 49 47 42 48 49	EACH ACCIDENT \$	OPTIONAL COLLISION	42 48 43 47		\$
OPTIONAL MEDICAL PAYMENTS	42 45 43	EACH PERSON \$	OPTIONAL TOWING & LABOR	48	\$	
COMPULSORY UNINSURED MOTORIST	42 48 43 45	<input type="checkbox"/> CSL <input type="checkbox"/> EA PER \$ <input type="checkbox"/> EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 49 50	<input type="checkbox"/> CSL <input type="checkbox"/> EA PER \$ <input type="checkbox"/> EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	48		
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED	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	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

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MOTOR CARRIER SECTION

Submitted Date 3-2015

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	62	67	61	62	63	64	67	68	69	70	71
BODILY INJURY LIABILITY				BI EACH PERSON \$								
				BI EACH ACCIDENT \$								
COMPULSORY PERSONAL INJURY PROTECTION				PER PERSON \$								
				<input type="checkbox"/> YOURSELF <input type="checkbox"/> TED \$ <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS								
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY				EACH ACCIDENT \$								
OPTIONAL MEDICAL PAYMENTS				EACH PERSON \$								
COMPULSORY UNINSURED MOTORIST				<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$								
				BI EACH ACCIDENT \$								
				PROPERTY DAMAGE \$								
OPTIONAL BODILY INJURY TO OTHERS				<input type="checkbox"/> CSL <input type="checkbox"/> 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	YES	STATES		GROUP TYPE								
	NO			EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
OTHER												

COVERAGES	SYMBOL	TRAILER INTERCHANGE		# DAYS	RDRHS	DEDUCTIBLE
		# TRAILERS	PARTS (PERCENTAGE)			
OPTIONAL COMPREHENSIVE	69					
OPTIONAL SPECIFIED CAUSES OF LOSS	70					
OPTIONAL COLLISION	70					
OPTIONAL COLLISION	70					

COVERED AUTO SYMBOLS	DESCRIPTION
(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT
(67) OWNED PRIVATE PASS AUTOS ONLY	(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, or if you cancel your policy, such information increases our risk of loss, we may refuse to pay claims under any or all of the policies you have with us. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the dates and the answers to questions in this application about all listed operations. Check to make certain that you have provided us with the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records 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
EDILSON LOPEZ

Submitted Date 1-2015

Additional Information

GARAGEKEEPERS' COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

Ort Type

:

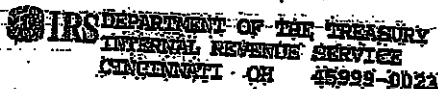
:

: Coverage Not Requested

End of Document

Acord Additional Info (2004/06)

OverflowPageNumber :1



Date of this notice: 02-04-2015

Employer Identification Number:

Form: 99-1

Number of this notice: CP 575 6

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

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

~~ADOLFO LOPEZ~~
~~LOPEZ FROM WORK~~

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

[REDACTED] for applying for an Employer Identification Number (EIN). We assigned you 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. If you do not have access to the Internet, call 1-800-829-3276 (TTY/TDD 1-800-829-4933) 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 LOPEZ. 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. 1020038245

1

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

2

MR. MORALES: Yes, I do.

MR. SPELMAN: 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

3

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

4

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

5

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

6

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020038245

7

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020038245

8

\$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

9

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

10

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

11

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

12

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

13

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

TO: SIU

Arbella Insurance Group

Renewed

PO has MA license

EDILSON LOPEZ
DBA LOPEZ IRON WORK
[Redacted]

Agent: 46-0134
Policy Number: [Redacted]
Expiration Date: 02/11/2017

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, LLC

7(a)

Arbella

BUSINESS INFORMATION	
General Information	
Policy #:	
Status:	Manually Priced <input checked="" type="checkbox"/>
Agency Information	
Agency Name:	POINT INS INC
Producer Code:	0127
Subcontract Summary	
Reference #:	CA-22-04450
Applicant Name:	ISANTANA PLASTERING LLC
Policy Term:	10-28-2016 to 10-28-2017
Agency Customer #:	
Date Submitted:	10/28/2016
Prior Carrier Information	
Applicant's Prior Carrier:	No Prior Carrier for this Applicant

CVC
OCT 31 2016

\$5,256.00

2 Vh on the app
and Vh 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 (AG No. Ext):
FAX (AG No. Ext):
E-MAIL ADDRESS: leandro@pointinsure.com
CITY: SUB CODE: 0127

CARRIER: [] HAS CODE: [] UNDERWRITER: [] UNDERWRITER CODE: []

POLICY OR PROGRAM REQUESTED:
CAR - Acella (ceded)

INDICATE DECTIONS ATTACHED:
PROPERTY CLASS AND SIGN
ACCOUNTS RECEIVABLE/MORTGAGE PAPERS
COMMERCIAL LAUNCHES CRIME
TRUCKS AND/OR CARRIER

EQUIPMENT FLOATER
INSTALLATION/BUILDERS RISK
ELECTRONIC DATA PROC
COMMERCIAL GENERAL LIABILITY
BUSINESS AUTO

POLICY NUMBER:
GARAGE AND DEALERS
VEHICLE SCHEDULE
BOILER & MACHINERY
WORKERS COMPENSATION
UMBRELLA

STATUS OF TRANSACTION

QUOTE ISSUE POLICY RENEW
BOUND (Show Date and/or Attach Copy):
CHANGE DATE TIME AM PM
CANCEL

PACKAGE POLICY INFORMATION

ENTER THE INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	ADMIT
10-28-2016	10-28-2017	X DIRECT BILL		No admit
		AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds):
JEANTANA PLASTERING LLC

MAILING ADDRESS (incl ZIP+4 for First Named Insured):

PERSON OR SOURCE (of First Named Insured):
E-MAIL ADDRESS:
PHONE (AG No. Ext):
FAX (AG No. Ext):

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE
SUB CHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGES: []
CRE BUREAU NAME: [] ID NUMBER: []

INSPECTION CONTACT:
PHONE (AG No. Ext): [] E-MAIL ADDRESS: [] ACCOUNTING RECORDS CONTACT: MARTIN BEREKJIAN
PHONE (AG No. Ext): [] E-MAIL ADDRESS: []

PREMISES INFORMATION

LOC #	BLDG #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY/LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			MAINE INSIDE OCT 31 2016	OWNER TENANT				
				OWNER 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

NO.	QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		X			X
2.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X			X
3.	IS A FORMAL SAFETY PROGRAM IN OPERATION?		X			X
4.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		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 MD)		X			X
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X			X
8.	ANY UNCORRECTED FIRE CODE VIOLATIONS?					
9.	ANY BANKRUPTCY, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?					
10.	HAS BUSINESS BEEN PLACED IN A TRUST? (YES/NAME OF TRUST)					
11.	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)					

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 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. 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: []

Name and Address

USANTANA PLASTERING LLC

Submitted Date 10-28-2016

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Achella 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

Page 3 of 3

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

Down Payment Information

Type: Credit
Amount: \$7,400.00
Payment Billing Address: Arbella Insurance Group
P.O. Box 82326
Boston, MA 02202-0326

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 link [ACORD 428 PDF](#)
- To View/Print Commercial Auto - MA Application click this link [ACORD 427 PDF](#)
- To View/Print Commercial Auto - MA Application click this link [ACORD 431MA PDF](#)

Name and Address
JSANTANA PLASTERING LLC

Submitted Date 10-28-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : MARIAN H BEURGOJIAN
SOIP : 04

MISCELLANEOUS INFORMATION :

Ridesharing/T.N.C. : NO

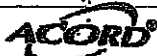
ADDITIONAL VEHICLE INFORMATION :

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 : 03
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 : 304
Pollution Type : No Pollution Liability Coverage-No Surcharge
Is this a Leased Vehicle : No

End of Document

Acord Additional Info (200408)



MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

Submitted Date 10-28-2016

AGENCY
POINT INS INC

APPLICANT (Printed Name)
OSANTANA 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 BEACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$50000 Each Person \$100000 Beach 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 6 9	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	2 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 \$ 50000 BI EACH ACCIDENT \$ 100000 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	CSL <input checked="" type="checkbox"/> BI EA PER \$ 50000 BEACH ACCIDENT \$ 100000	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	MOTORCYCLE GUEST OCCUPANT EXCLUSION		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH COVERAGED/DEDUCTIBLE 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	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 60	BI EACH PERSON \$ BI EACH ACCIDENT \$	PHYSICAL DAMAGE					
COMPULSORY PERSONAL INJURY PROTECTION	44 45	PER PERSON \$ DED \$ <input type="checkbox"/> 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 60	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 47 43 47	GCL FT LSP F FTW	\$		
OPTIONAL MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	OPTIONAL COLLISION	42 48 43 47		\$		
COMPULSORY UNINSURED MOTORIST	42 46 43 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	48		\$		
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	TRAILER INTERCHANGE					
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COVERAGES	SYMBOL	#TRAILERS	#DAYS	RADIUS	DEDUCTIBLE
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	48				
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL SPECIFIED CAUSES OF LOSS	48				
OTHER			OPTIONAL COLLISION	48				\$
COVERED AUTO SYMBOLS	(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	STATES #DAYS #VEH	COVERAGES IS: PRIMARY SECONDARY				

ACORD 137 IFA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2005

Name and Address

Submitted Date 10-28-2016

JSANTANA PLASTERING LLC

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

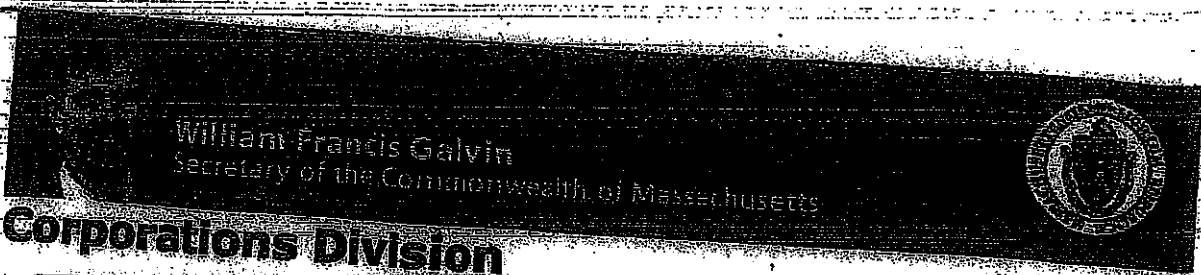
OFC type

:
:
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: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverFlowPageNumber :1



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 driver while the driver

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
SOC SIGNATORY	JAIME SANTANA	

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

Page 2 of 2

REAL PROPERTY	JAYME SANTANA		
<input type="checkbox"/> Consent	<input type="checkbox"/> Confidential Data	<input checked="" type="checkbox"/> Merger Allowed	<input type="checkbox"/> Manufacturing
View filings for this business entity:			
Annual Report Annual Report - Professional Articles of Entity Conversion Certificate of Amendment Certificate of Organization			
View filings			
Comments or notes associated with this business entity:			
New search			

7(6)

Arbella Insurance Group
Claim No. 1020060376

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)

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

2

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

Arbella Insurance Group
Claim No. 1020060376

3

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

4

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 Leandro 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
Claim No. 1020060376

5

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 --

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

6

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?

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

7

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

8

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, LIC?

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

9

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

10

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

11

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020060376

12

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 d/b/a COLL HANDYMAN

Arbella Insurance Group
Number 1020038498

1

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

2

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

3

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

4

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

5

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

6

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

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

7

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.

Linda A. Fowler

Arbella Insurance Group
Number 1020038498

8

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

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

10

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

11

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



(Arbella company name)
(Arbella Company Name)

Renewed
Sent To SIV, business
says Construction, but
vehicle is a PPT.

DARWIN COLINDRES

Agent: POINT INSURANCE INC
Policy Number: [REDACTED]
Expiration Date: 03-11-2017

CHELSEA, MA 02150

16 JAN 17 9:23

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 Do you work for others? Y / N. If yes please provide:
Employer Name: _____ Address: MA 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] Date: 01/19/2017
Print Name: Darwin Colindres
Agent's Signature: _____ Date: _____

J Walk - Mass Xpress
(This image has been scaled to fit the page.)

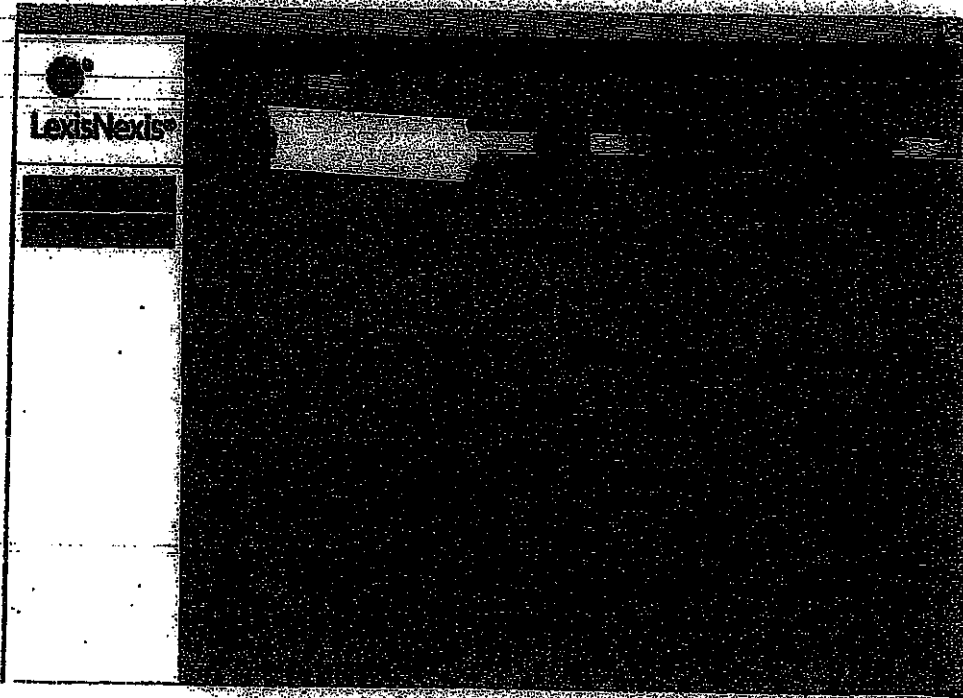


EXHIBIT 9

JOAO LIMA/W AND J PAINTING CORPORATION

MA-00

CAT

SUBMISSION CONFIRMATION

General Information

Policy #:
 State: **Massachusetts**

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
Vehicle #1 Premium: \$1,698			
2010 TOYOTA TUNDRA DOUBLE CAB SR5			
6T1LF14AX116854			
Compulsory Insurance:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$361
Compulsory Personal Injury Protection	\$8,000		\$22
Compulsory Damage To Someone Else's Property	\$100,000		\$547
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$98
Optional Insurance:			
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident		\$207
Optional Medical Payments	\$3,000		\$18
Collision		\$500	\$574
Waiver of Deductible:			
Comprehensive	Yes	\$500	\$181
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$500	\$14
Risk Characteristics:			
Geographic City	MARLBOROUGH		
Territory			
Class Code	01183		
Anti-theft Device:	15%		

Issued \$ 18
 FAB Suspends

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: \$389.00
Payment Mailing Address: Arbella Insurance Group
P.O. Box 53382
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  ACCORD 125 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 137MA PDF



Submitted Date 06-2015
COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY: **RAPO & JEPSEN INS SERVICES INC**
1103 COMMONWEALTH AVE
BOSTON MA 02215
cristina@rapoandjepsen.com

CARRIER: _____ NAC CODE: _____ UNDERWRITER: _____

DATE (MM/DD): 12-31-2011

PHONE (AG, HQ, EXT): _____
FAX (AG, HQ, EXT): _____
E-MAIL ADDRESS: _____
CITY: _____

AGENCY CUSTOMER ID: _____ SUB CODE: 0127

POLICIES OR PROGRAM REQUESTED: **CAR - Arbella (ceded)**

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
GLASS AND SIGN	INSTALLATION BUILDERS RISK	VEHICLE SCHEDULE
ACCIDENTS RECOVERABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY
CRIME/CELLANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
TRANSFORMATION INCIDENT/LOSS CASES	BUSINESS AUTO	UMBRELLA
	TRUCKERS/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 THE 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: DIRECT BILL AGENCY BILL

PAYMENT PLAN: _____ AUD: _____

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insured): _____

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

PERSON OR SEC SECT (of First Named Insured): _____ PHONE (AG, HQ, EXT): _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION LLC OR BUREAU NAME: _____ ID NUMBER: _____

WEBSITE ADDRESS: _____

RESPECTION CONTACT: _____ PHONE (AG, HQ, EXT): _____ E-MAIL ADDRESS: _____ ACCOUNTING RECORDS CONTACT: **JOAO BATTISTA JUNIOR** DATE BEG 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				

KMR
06-08-2015

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

PAINTING

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

NO.	QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1A	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<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"/>			
3	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>			
4	ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>			
5	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
6	ANY POLICY OR COVERAGE DETAINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable to NO)		<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"/>			
8	ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>			
9	ANY BANKRUPTCY, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>			
10	HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>			
11	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 818 for Property Exposure)		<input checked="" type="checkbox"/>			

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 THERE TO, 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, 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 1993-2005

PRIOR CARRIER INFORMATION

Submitted Date: 06-2015

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFT-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OR AGGREGATE																
	PERSONAL & ADW/INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY																
	PROPERTY OCCURRENCE DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFT-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFT-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFT-EXP DATE																	
LIST																	
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 (4 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SEE ATTACHED LOSS SUMMARY CLAIM STATUS OPEN (CLSD)

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS
 STATE SUPPLEMENT(S) (if applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.) PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION 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
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: \$388.00

MISCELLANEOUS INFORMATION :

Sic Code

AGENT REMARKS :

End of Document

ACORD BUSINESS AUTO SECTION

Submitted Date **06-2015**

AGENCY: RAPO & JEPSEN INS-SERVICES INC 1103 COMMONWEALTH AVE BOSTON MA 02215 cristina@rapoandjepsen.com		PHONE (A.S. No. Exp): FAX (A.S. No.):	APPLICANT: W AND J PAINTING CORP		DATE (MM/YY): 12-31-21
CODE:	SUB CODE: 0127	EFFECTIVE DATE: 01-06-2015	EXPIRATION DATE: 01-06-2016	<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY		<input type="checkbox"/> AGENCY BILL	

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 requested)	DOB	SEX	STATE	DATE OF BIRTH	YES	YEAR	EXPIRES	LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE	DATE	HERE	ISSUED	DOC	ISS	VER
1	WALKIRA JOYA																
2	JOBO JUNIOR																

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, ALICED 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				15. HAS AGENT INSPECTED VEHICLES?			<input checked="" type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	RANK	NAME AND ADDRESS	RESIDENCE:	ACORD 45 attached for additional names	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$
<input type="checkbox"/> ADDITIONAL INSURED					
<input type="checkbox"/> LOSS PAYEE					
<input checked="" type="checkbox"/> LENDER		FIRST HELP FINANCIAL			
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:			CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				VEHICLE: 0001 (5TFF075F14AK110954)	
				SCHEDULED ITEM NUMBER:	
				OTHER	

REMARKS

ACORD 127 (2003/08)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993

VEHICLE DESCRIPTION

ACORD 127 attached for additional vehicles

Submitted Date 06-2015

VEN# 0001	YEAR 2010	MAKE TOYOTA	MODEL TUNDRA DOUBLE CAB SR5	LIC STATE MA	TERR 13	GVW/GCW 6400	CLASS 01183	PP	SPEC	COIL	VEHICLE TYPE	SYRAGE	COST NEW \$ 28990
CITY, STATE, ZIP WHERE GARAGED MARLBOROUGH MA 01752		DRIVE TO WORK/SCHOOL 15 MILES	USE FLEASURE	COMM. RETAIL	CHECK COVERAGES X	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
NET VEN DROPPED		15 MILES +	FARM	SERVICE	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STANT	COMP	\$ 500
VEN#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	PP	SPEC	COIL	VEHICLE TYPE	SYRAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL	USE	COMM. RETAIL	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
NET VEN DROPPED		15 MILES +	FARM	SERVICE	LIAB NO. FAULT	MED PAY UNINS MOTOR	FTW	COLL	FG	AA	STANT	COMP	\$ 500

Name and Address
W AND J PAINTING CORP

Submitted Date 06-2015

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : WALKIRA JOYA
EDIP :
Driver # : 2
Name : SOBO JURICOR
EDIP : 00

ADDITIONAL VEHICLE INFORMATION :

VEHICLE # :
Rate Physical Damage Only? : 0001
Vehicle Type : No
Estate Number : Light Truck
Bodily Injury Limit : Unknown
Personal Injury Limit : 20000/40000
Property Damage Limit : 5000
Property Damage Deductible : \$100,000
Uninsured Motorist Limit :
Medical Payment Limit : 50000/100000
Bodily Injury To Others Limit : 5000
Uninsured Motorist Limit : 50000/100000
Collision Type : Full
Waiver of Collision Deductible : Yes
\$100 Class Deductible : No
Rental Reimbursement :
Towing and Labor :
Anti-Theft Device : 150
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 06-2015

AGENCY
SAFO & JEPSEN INS SERVICES INC

AFFILIANT (Post Named Insured)
W AND J PAINTING CORP

DATE (M/D/Y)
12-31-2014

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	\$50000 - Each Person \$100000 - 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 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWNS & LABOR	3	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 5000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 8 3 X 7 4	CSL <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> BI EA PER \$ 50000 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	OTHER		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH	COVERAGES/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	COVERAGES IS:	PRIMARY	SECONDARY

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 49 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	PHYSICAL DAMAGE			
COMPULSORY PERSONAL INJURY PROTECTION	44 45	PER PERSON \$ DED \$ <input type="checkbox"/> 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 46 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCF FT LSP F FTW	\$
OPTIONAL MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	OPTIONAL COLLISION	42 48 43 47		\$
COMPULSORY UNINSURED MOTORIST	42 46 43	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWNS & LABOR	46	\$	
OPTIONAL BODILY INJURY TO OTHERS	41 49 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	TRAILER INTERCHANGE			
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	48	# TRAILERS # PARTNERS # DAYS # DAYS # DEDUCTIBLE	
OPTIONAL TRUCKERS HIRED/BORROWED	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 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

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Submitted Date 06-2015

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE								
	61	62	67	61	67	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DEDUCTIBLE			
BODILY INJURY LIABILITY	61	62	67	\$	\$	OPTIONAL COMPREHENSIVE	62	67				\$		
	63	64	71	\$	\$		OPTIONAL SPECIFIED CAUSES OF LOSS	63	68	SOE	FT	ISP	\$	
	65	66		PER PERSON \$				OPTIONAL COLLISION	64	69	F	FTW		\$
	67			YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>					65	70				\$
COMPULSORY PERSONAL INJURY PROTECTION	65	66		PER PERSON \$		OPTIONAL TOWING & LABOR	66					\$		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71	\$	\$	OPTIONAL COMPREHENSIVE	62	67				\$		
	62	67					OPTIONAL SPECIFIED CAUSES OF LOSS	63	68	SOE	FT		ISP	\$
	63	68						OPTIONAL COLLISION	64	69	F		FTW	
OPTIONAL MEDICAL PAYMENTS	62	64		EACH ACCIDENT \$		OPTIONAL TOWING & LABOR	65						\$	
COMPULSORY UNINSURED MOTORIST	62	66		CSL <input type="checkbox"/> EA PER \$			OPTIONAL COMPREHENSIVE	69						\$
	63	67		EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS		70					\$	
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL <input type="checkbox"/> EA PER \$			OPTIONAL COLLISION	69						\$
	62	67		EACH ACCIDENT \$		OPTIONAL TOWING & LABOR		70					\$	
	63	68		MOTORCYCLE GUEST OCCUPANT EXCLUSION <input type="checkbox"/>				TRAILER INTERCHANGE	COVERAGES	SYMBOL	# TRAILERS	FARTH CODE		
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	IF ANY BASIS <input type="checkbox"/>	OPTIONAL COMPREHENSIVE	69					\$		
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	IF ANY BASIS <input type="checkbox"/>		OPTIONAL SPECIFIED CAUSES OF LOSS	70					\$	
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL COLLISION		69						\$
	NO						EMPLOYEES		OPTIONAL TOWING & LABOR	70				
OTHER	YES	STATES		VOLUNTEERS		OPTIONAL HIRING PHYSICAL DAMAGE	STATES	# DAYS		# VEH				
	NO			PARTNERS			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
-----------------------	------	----------------------	--------------------------

Name and Address
W AND J PAINTING CORP

Submitted Date 05-2015

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

ORC Type

:
:
:
: Coverage Not Requested

End of Document

Arbella Insurance Group
Claim No. 1020061981

1

Q. All right. This is Ed Spellman, and I'm speaking with Joao Lima from 2
Today's date is February 2, 201
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

2

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

3

Q. Okay. Do you know if maybe a tax person or someone else may have done 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

4

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

5

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

6

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

7

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 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

8

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

9

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

11

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

12

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

13

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

14

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

15

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

16

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

Q. Okay. And I'm going to end the recording, but I just want to grab
photograph of your license and your passport there because we don't
copies of that.

A. All right. That's fine.

Q. Perfect.

Linda A. Fowler

Arden

AR DENIA
SUBMISSION INFORMATION

General Information

Policy #:

Vehicle: **Domestic Policy**

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**

*No Pen's app -
2. They drive no more
This guy added to
this app -*

NOX
JAN 11 2017

Estimated Premium

Total Policy Premium \$2,468 To review with an underwriter contact Commercial Auto team at 1-517-768-8888

Policy Optional Coverages

Coverages	Limit	Deductible	Premium
Vehicle 1 (Premium: \$2,468)			
2016 TOYOTA HONDA DOUBLE CAB 2WD			
EXCESS/UPPER LIMITS			
Comprehensive Coverage			
Comprehensive Coverage	\$20,000 Per Person / \$40,000		\$382
Comprehensive Coverage Injury Protection			\$37
Comprehensive Coverage Damage To Existing Other's Property	\$50,000		\$383
Comprehensive Coverage Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$10
Optional Accidents			
Optional Accidents Injury To Other	\$50,000 Per Person / \$100,000 Per Accident		\$225
Optional Medical Payments	\$5,000		\$19
Optional Uninsured Motorist		\$500	\$917
Optional Uninsured Motorist	Yes		
Optional Replacement Cost	30/30 Days	\$500	\$225
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$11
Risk Characteristics			
General City	WARLESDIGHT		
Rating	13		
Class Code	D153		
Auto Hand Codes	15%		

AtDella

Page 5 of 1


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 here.
Amount: **\$200.00** You have elected to make an Electronic Payment. Click the link to process the down payment.
Payment Making Address: **AtDella Insurance Group**
P.O. Box 63382
Boston, MA 02206-0382

Requirements

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 AtDella.

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 107BA PDF](#)

View/Print CE# 

03/21/17



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY
POINT INS INC.
1103 COMMONWEALTH AVE
BOSTON MA 02215
Cristina Galvin

PHONE (AG No. Ext):
FAX (AG No. Ext):
EMAIL ADDRESS: cristina@pointinsure.com
AGENCY CUSTOMER ID: SUB CODE 0127

CARRIER: _____ **NAIC CODE:** _____ **UNDERWRITER:** _____

DATE (MM/YY): 01-05-2017

POLICIES OR PROGRAM REQUESTED:
CAR - Arbella (ceded)

FOLIO NUMBER: _____

INDUSTRY SECTIONS ATTACHED:
PROPERTY
CLASS AND SIGN
ACCOUNTS RECEIVABLE/
VALUABLE PAPERS
CRIMINAL/NEGLIGENT CRIME
TRUCKER/AUTOR CARRIER

EQUIPMENT FLOATER
INSTALLATION/BUILDERS RISK
ELECTRONIC DATA PROC
COMMERCIAL GENERAL LIABILITY
BUSINESS AUTO

GARAGE AND DEALER
VEHICLE SCHEDULE
BOILER & MACHINERY
WORKERS COMPENSA
UMBRELLA

STATUS OF TRANSACTION: QUOTE ISSUE POLICY RENEW CHANGE CANCEL

PACKAGE POLICY INFORMATION: ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES

PROPOSED EFF DATE: 01-08-2017 **PROPOSED EXP DATE:** 01-08-2018

BILLING PLAN: DIRECT BILL AGENCY BILL

PAYMENT PLAN: _____

APPLICANT INFORMATION: NAME (First Named Insured & Other Named Insureds): **KMR**

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

PHONE (AG No. Ext): _____ **PHONE (AG No. Ext):** _____

INDIVIDUAL **CORPORATION** **PARTNERSHIP** **JOINT VENTURE** **SUBCHAPTER S CORPORATION NOT FOR PROFIT ORS** **LLC** **CR BUREAU NAME:** _____ **ID NUMBER:** _____

WEBSITE ADDRESS(ES): _____

INSPECTION CONTACT: _____ **ACCOUNTING RECORDS CONTACT:** JOAO LIMA

PHONE (AG No. Ext): _____ **EMAIL ADDRESS:** _____ **DATE STAMP:** 20

PREMISES INFORMATION: STREET, CITY, COUNTY, STATE, ZIP+4: _____

LOC#	BLD#	CITY/LIBRS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIE
		NO PRIOR SUBMISSIONS FOUND	OWNER				
		PREVIOUSLY SUBMITTED ON _____	TENANT				
		BY _____	OWNER				
			TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S):
PAINTING

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES

QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?					
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 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? (If 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.)					X
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?					
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?					X
11. HAS BUSINESS BEEN PLACED IN A TRUST? (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 615 for Liability Exposure and/or ACORD 616 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 THERE TO, 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, 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

SMALLER DATE 01-00-2011

LINE	CATEGORY	CLAIMS MADE																
		CLASS	DATE	CLASS	DATE	CLASS	DATE	CLASS	DATE	CLASS	DATE	CLASS	DATE					
GENERAL LIABILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	RETRO DATE																	
	EFF-EXP DATE																	
	GENERAL AGGREGATE																	
	PRODUCTS COMP OR AGGREGATE																	
	PERSONAL & ADJ BLI																	
	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																	
	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 & MO)

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 (2005/06)

Name and Address
W AND J PAINTING CORP

QUARTERLY BILL VA-00-2011

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Arella 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

ACORD BUSINESS AUTO SECTION

AGENCY	PHONE (Area No. 54) FAX MAG No:	APPLICANT W AND J PAINTING CORP	DATE (MM/DD) 01-05-2
POINT INS INC 1103 COMMONWEALTH AVZ BOSTON MA 02215 Cristina Galvin		EFFECTIVE DATE 01-08-2017	EXPIRATION DATE 01-08-2018
CODE	SUB CODE 0127	<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN
AGENCY CUSTOMER ID:		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)	SEX	AGE	YEAR	STATE	DATE	ISSUED	DOC	USE
1	STACEY A MATTEA							No	VERB

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?			8. ANY HOLD HARMLESS AGREEMENTS?		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
4. ARE ANY VEHICLES LEASED TO OTHERS?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
6. ARE ANY ICC, PUD OR OTHER FILINGS REQUIRED?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
			15. HAS AGENT INSPECTED VEHICLES?		

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		FIRST HELP FINANCIAL LLC			VEHICLE 0001 (STFOX5P17FX470386)
<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

Reference#

Submitted Date 01-06-2017

VEHICLE DESCRIPTION

ACORD 127

Check for additional vehicles

VEH# 0001	YEAR 2015	MAKE: TOYOTA	MODEL: TUNDRA DOUBLE CAB SR/SR	CLASS 7000	VIN: 5TFUY5F17FX470386	VEHICLE TYPE	SYRAGE	COST				
CITY, STATE, ZIP WHERE GARAGED MARLBOROUGH MA 01752				LIC STATE MA	TERR 43	PP	SPEC	COBL	33110			
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		\$ 500

VEH#	YEAR	MAKE	MODEL	CLASS	VIN	VEHICLE TYPE	SYRAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	PP	SPEC	COBL				
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		

VEH#	YEAR	MAKE	MODEL	CLASS	VIN	VEHICLE TYPE	SYRAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	PP	SPEC	COBL				
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		

VEH#	YEAR	MAKE	MODEL	CLASS	VIN	VEHICLE TYPE	SYRAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	PP	SPEC	COBL				
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		

VEH#	YEAR	MAKE	MODEL	CLASS	VIN	VEHICLE TYPE	SYRAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	PP	SPEC	COBL				
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		

VEH#	YEAR	MAKE	MODEL	CLASS	VIN	VEHICLE TYPE	SYRAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	PP	SPEC	COBL				
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		

VEH#	YEAR	MAKE	MODEL	CLASS	VIN	VEHICLE TYPE	SYRAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	PP	SPEC	COBL				
DRIVE TO WORK/SCHOOL	USE	COMM.	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SP COFL
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT			
15 MILES +	FARM	SERVICE			FTW	COLL						
NET VEH PRICE										TOTAL PREM \$		

Name and Address
W AND J PAINTING CORP

DUPLICATE DATE 01-08-2017

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : STACEY A MATTEA
DOB : 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 : 4000
Property Damage Limit : \$100,000
Property Damage Deductible :
Underinsured 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 (Full Name Printed) W AND J PATYING CORP	DATE (MM) 01-05-20
--------------------------------	--	------------------------------

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1	4	OPTIONAL UNINSURED MOTORIST	7	\$50000 Each Excl \$100000 Each Acc
	2	7			
	3	8			
COMPULSORY PERSONAL INJURY PROTECTION	5	PER PERSON \$ 8000 YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
	7				
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1	7	OPTIONAL TOWING & LABOR	3	
	2	8		7	
OPTIONAL MEDICAL PAYMENTS	2	4	OPTIONAL COMPREHENSIVE	2	4
	3	7		3	7
COMPULSORY UNINSURED MOTORIST	2	6	OPTIONAL SPECIFIED CAUSES OF LOSS	2	4
	3	7		3	7
	4			2	7
OPTIONAL BODILY INJURY TO OTHERS	1	4	OPTIONAL COLLISION	2	4
	2	7		3	7
	3	8			
OPTIONAL HIRED/BORROWED LIABILITY	YES	STATES	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS
	NO			# VEH	COVERAGE/DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	YES	STATES			COMP \$
	NO				SPEC \$
					CO FL \$

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	DEDUCT		
BODILY INJURY LIABILITY	41	46	OPTIONAL COMPREHENSIVE	42	46			
	42	47		43	47			
	43	50		42	46	SCL FT LSP		
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	43	47			
	46			43	47	F FTW		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	OPTIONAL TOWING & LABOR	42	48			
	42	46		43	47			
OPTIONAL MEDICAL PAYMENTS	42	48	TRAILER INTERCHANGE					
	45		COVERAGES	SYMBOL	# TRAILERS	PARTH ZONE	# DAYS	RADIUS
COMPULSORY UNINSURED MOTORIST	42	46	OPTIONAL COMPREHENSIVE	48				
	45		OPTIONAL SPECIFIED CAUSES OF LOSS	49				
	45		OPTIONAL TOWING & LABOR	48				
OPTIONAL BODILY INJURY TO OTHERS	41	46	OPTIONAL COLLISION	46				
	42	47		49				
	43	50						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
	NO							
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES						
	NO							
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES						
	NO							
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

SUBMITTED DATE 01-06-2017

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS	PHYSICAL DAMAGE							
	61	67	71		COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DED		
BODILY INJURY LIABILITY	61	67	71	BI EACH PERSON \$	OPTIONAL COMPREHENSIVE	62	67	68				
	62	68		BI EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	63	69	SC1	FT	LSP		
	63	71		PER PERSON \$	OPTIONAL COLLISION	64		F	FTW			
COMPULSORY PERSONAL INJURY PROTECTION	65			YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL TOWING & LABOR	65						
	67					66						
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71	EACH ACCIDENT \$	TRAILER INTERCHANGE							
	62	67			COVERAGES	SYMBOL	# TRAILERS	PARKING ZONE	# DAYS	RADIUS	DEDUCT	
	63	69			OPTIONAL COMPREHENSIVE	69						
OPTIONAL MEDICAL PAYMENTS	62	64		EACH PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70						
	65	67			OPTIONAL COLLISION	69						
COMPULSORY UNINSURED MOTORIST	62	68		CSL <input type="checkbox"/> EA PER \$		70						
	63	67		BI EACH ACCIDENT \$								
	64			PROPERTY DAMAGE \$								
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL <input type="checkbox"/> EA PER \$								
	62	67		BI EACH ACCIDENT \$								
	63	69		MOTORCYCLE GUEST OCCUPANT EXCLUSION								
OPTIONAL NON-TRUCKERS HIRED/BOARDED	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	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	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
-----------------------	------	----------------------	--------------------------

AGORD 137 RIA (2005/04)

Name and Address
W AND J PAINTING CORP

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

ORC Type

:
:
: Coverage Not Requested

End of Document

EXHIBIT 10

ONIL AUTO CARE INC.

Arbella

SUBMISSION CONFIRMATION

General Information

Policy #:
 Status: Mainly Printed

upn -> no prior history

Agency Information

Agency Name: **RAFO & JEPSEN INS SERVICES INC**
 Producer Code: **0154**

Submission Summary

Reference #:
 Applicant Name: **ONIL AUTO CARE INC**
 Policy Term: **03-01-2016 to 03-01-2017**
 Agency Customer ID: **DAARL**
 Date Submitted: **03/04/2016**

Policy

Prior Carrier Information

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

Estimated Premium

Total Policy Premium: **\$889**
 To review with an underwriter contact Commercial Auto team at 1-877-769-3929

Policy Optional Coverages

Coverages	Limits	Deductible	Premium
Vehicle # 4 Premium : \$999			
2010 MITSUBISHI MONTERO SPORT LIMITED			
JALM04TRXP022525			
Compulsory Insurances:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$294
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		\$14
Optional Insurances:			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$82
Optional Medical Payments	\$10,000		\$8
Waiver of Deductible	No		\$0
Optional Underinsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
Risk Characteristics:			
Geographic City			
Territory	To		
Class Code	78810		
Anti-theft Device	12%		

KXH
MAR 04 2016

Arbella

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

Down Payment Information

Type: **Electronic Payment**

Make electronic payment now.

Amount: **\$150.00**

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 5582
Boston, MA 02215-5582**

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 this 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**

15 MAR 4 12:43

15 MAR 4 12:50

15 MAR 4 12:54



COMMERCIAL INSURANCE APPLICATION

Submitted Date 04-2016

APPLICANT INFORMATION SECTION

AGENCY: **RAPO & JEPSEN INS SERVICES INC**
724 CHELMSFORD ST
LOWELL MA 01861
Daniel.delina

CARRIER: **MAC** CODE: **0154** UNDERWRITER: **03-04-2016**

POLICIES OR PROGRAMS REQUESTED:
CAR - AmelTa (ceded)

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	POLICY NUMBER
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	
MOVING/STORAGE/RENTAL EQUIPMENT	ELECTRONIC DATA PROC	
COMMERCIAL VEHICLE PLUS CRIME	COMMERCIAL GENERAL LIABILITY	
TRANSPORTATION	BUSINESS AUTO	
TRUCKS/MOTOR CARRIER	TRUCKS/MOTOR CARRIER	

OTHER SECTIONS: GARAGE AND DEALERS, VEHICLE SCHEDULE, BOILER & MACHINERY, WORKERS COMPENSATION, UMBRELLA

PHONE: **978-452-1234** FAX: **978-452-1234**
E-MAIL: **daniel@raposandjepsen.com**
WEBSITE: **www.rapoj.com**
AGENT: **DANIEL DELINA** SUB CODE: **0154**

STATUS OF TRANSACTION

QUOTE RENEW CHANGE DATE CANCEL

PACKAGE POLICY INFORMATION

ENTER THE INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AGENT
03-04-2016	03-31-2017	X DIRECT BILL		No Audit

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds): **ONIL AUTO CARE INC**

MAILING ADDRESS (Not First Named Insured): **123 Main St, Lowell, MA 01861**

PHONE (First Named Insured): **978-452-1234** FAX (First Named Insured): **978-452-1234**

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION LLC NOT FOR PROFIT ORG

WEBSITE ADDRESS: **www.onil.com**

CR BUREAU NAME: **ONIL** ID NUMBER: **123456789**

INSPECTION CONTACT: **ONIL MARTINEZ** DATE BUS STARTED: **MAR 07 2016**

PREMISES INFORMATION

LOC#	BLDG	STREET, CITY, COUNTY, STATE, ZIP+4	CITY/LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUE	% 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

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	EXPLAIN ALL "YES" RESPONSES
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	X		
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?	X		
4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	X		
5. ANY CATASTROPHE EXPOSURE?	X		
6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	X		
7. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in LI)	X		
8. ANY FURTHER LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	X		
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			
10. ANY FEDERAL, STATE, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 3 YEARS?			
11. HAS THE APPLICANT EVER BEEN PLACED IN A 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 under ACORD 815 for Property Exposure)			

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 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, 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. THESE 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 03-04-2016

PRIOR CARRIER INFORMATION

LIFE	CATEGORY		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
	CARRIER	POLICY NUMBER													
GENERAL LIABILITY	POLICY TYPE														
	RETRO DATE														
	EFF. EXP. DATE														
	GENERAL AGGREGATE														
	PRODUCTS COMP. OR AGGREGATE														
	PERSONAL & ADVIS.														
	EACH OCCURRENCE														
	FIRE DAMAGE														
	MEDICAL EXPENSE														
	BODILY INJURY														
	PROPERTY DAMAGE														
	COMBINED SINGLE LIMIT														
	MODIFICATION FACTOR														
	TOTAL PREMIUM														
	LIABILITY - HOMEOWNERS	CARRIER	No prior carrier												
POLICY NUMBER															
POLICY TYPE															
EFF. EXP. DATE															
COMBINED SINGLE LIMIT															
BODILY INJURY															
PROPERTY DAMAGE															
MODIFICATION FACTOR															
TOTAL PREMIUM															
PROPERTY		CARRIER													
		POLICY NUMBER													
		POLICY TYPE													
		EFF. EXP. DATE													
		BUILDING AMT													
		EQS. PROP. AMT													
	MODIFICATION FACTOR														
	TOTAL PREMIUM														
	AUTOMOBILE	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 YEAR PERIOD (JULY 1, 2011 TO JULY 1, 2016)

DATE OF OCCURRENCE	LIFE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SEE ATTACHED LOSS HISTORY STATEMENT WHEN CLAIM

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 (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)
 PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION 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 Abella Commercial policy (ins): 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: \$180.00

MISCELLANEOUS INFORMATION :

Sic Code

UNDERWRITER REMARKS :

AGENT REMARKS :

ISSURED HAS LICENSE FROM EL SALVADOR,

End of Document

Record Additional Info (2004/06)

OverflowPageNumber :1

ACORD BUSINESS AUTO SECTION

Submitted Date **04-2016**

AGENCY: RASO & JENSEN INS SERVICES INC 724 CHELSEA ST LORELL, MA 01851 Daniel Delima		APPLICANT: OMIL AUTO CARE INC (First, Second, Name)		DATE (MM/DD/YYYY) 03-04-2016	
CODE AGENCY CUSTOMER NO: DANTEI	SUB CODE: 0154	EFFECTIVE DATE: 03-04-2016	EXPIRATION DATE: 03-04-2017	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN ABBR: To Field
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 NO.	NAME (include address, if required)	YEAR	SEX	DATE OF BIRTH	YES	YEAR	MEMBERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE	DATE	OPERATION	DOC	USE	USE
		15-17			NO	18-20		LIC	HERE	NO		VEH	USE
1	OMIL ISSART, RIVAS MARTINEZ												

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 HAZARDOUS 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 ICC, PUC OR OTHER FEES 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 MAJOR TRAFFIC VIOLATIONS?			<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATION			<input checked="" type="checkbox"/>	15. HAS AGENT INSPECTED VEHICLES?			<input checked="" type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

INTEREST: <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	BANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED:	INTEREST ITEM NUMBER: VEHICLE: SCHEDULED ITEM NUMBER: OTHER:
ITEM DESCRIPTION:					

REMARKS

ACORD 127 (2003/03)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles Submitted Date 03-04-2016

VEH# 0001	YEAR 1999	MAKE NISSAN	MODEL MONTERO SPORT LIMITED	LIC STATE MA	TERR 16	GVW/GCW 73910	CLASS 73910	VEHICLE TYPE SUV	VEHICLE TYPE SPEC	VEHICLE TYPE COVL	VEHICLE TYPE FACTOR	VEHICLE TYPE SEAT CP	VEHICLE TYPE RADIUS	COST NEW \$ 30240
CITY, STATE CARVER, MA 02150	DATE TO EXPIRE SCHOOL < 15 MILES	USE PLEASURE	COMPL. RETAIL	CHECK COVERAGES X	ADDL. NO. FAULT MED PAY	LINDRINS MOTOR TOWING & LABOR SPEC COVL	F FTW	LSP COMP	RENT REMB FG	DEDUCTIBLES AA	ACV STANT	COMP	SPEC COVL	FARTHEST TERM 49
NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	NET VEH DUES	TOTAL PREM \$

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

VEH#	YEAR	MAKE	MODEL	LIC STATE	TERR	GVW/GCW	CLASS	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	VEHICLE TYPE	COST NEW

ACORD 127 (2003/05)

Name and Address
ONIL AUTO CARE INC

Submitted Date 04-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : ONIL ISRAEL RIVAS MARTINEZ
DOB :

MISCELLANEOUS INFORMATION :

Ridesharing/T.N.C. : NO

ADDITIONAL VEHICLE INFORMATION :

Vehicle # : 0001
Rate Physical Damage Only : No
State Type :
Plate Number :
 bodily Injury Limit : Unknown
Personal Injury Limit : 20000/40000
Property Damage Limit : 8000
Property Damage Deductible : \$200,000
Uninsured Motorist Limit :
Medical Payment Limit : 20000/40000
Bodily Injury To Others Limit : 10000
Uninsured Motorist Limit : 20000/40000
Collision Type :
Waiver of Collision Deductible : No
\$100 Glass Deductible : No
Medical 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)



MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

Submitted Date 04-2016

AGENCY
RAPO & JERSEN INS SERVICES INC

APPLICANT (Print Name of Insured)
ORILL AUTO CARE INC

DATE (MM/DD/YYYY)
03-04-2016

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"/> B1 EACH PERSON	\$ 20000	OPTIONAL UNINSURED MOTORIST	7			\$20000 Each Person	\$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	1 2 3 4 5 6 7 8 9			PER PERSON \$ 8000							
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 2 3 4 5 6 7 8 9			EACH ACCIDENT	\$ 100000						
OPTIONAL MEDICAL PAYMENTS	1 2 3 4 5 6 7 8 9			EACH PERSON	\$ 10000						
COMPULSORY UNINSURED MOTORIST	1 2 3 4 5 6 7 8 9			CSL <input checked="" type="checkbox"/> B1 EA PER	\$ 20000						
OPTIONAL BODILY INJURY TO OTHERS	1 2 3 4 5 6 7 8 9			B1 EACH ACCIDENT	\$ 40000						
OPTIONAL HIRED/BORROWED LIABILITY	YES NO STATES			PROPERTY DAMAGE	\$						
OPTIONAL NON-OWNED LIABILITY	YES NO STATES			CSL <input checked="" type="checkbox"/> B1 EA PER	\$ 20000						
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		COST OF HIRE \$ IF ANY BASIS		OPTIONAL HIRED PHYSICAL DAMAGE		STATES #DAYS #VEH		COVERAGE/DEDUCTIBLE

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
BODILY INJURY LIABILITY	41 42 43 44 45 46 47 48 49			B1 EACH PERSON	\$	OPTIONAL COMPREHENSIVE	42 43 44 45 46 47 48 49						
COMPULSORY PERSONAL INJURY PROTECTION	41 42 43 44 45 46 47 48 49			PER PERSON \$		OPTIONAL SPECIFIED CAUSES OF LOSS	42 43 44 45 46 47 48 49			CSL FT LSP			
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 42 43 44 45 46 47 48 49			EACH ACCIDENT	\$	OPTIONAL COLLISION	42 43 44 45 46 47 48 49			F FTW			
OPTIONAL MEDICAL PAYMENTS	41 42 43 44 45 46 47 48 49			EACH PERSON	\$	OPTIONAL TOWING & LABOR	42 43 44 45 46 47 48 49						
COMPULSORY UNINSURED MOTORIST	41 42 43 44 45 46 47 48 49			CSL <input checked="" type="checkbox"/> B1 EA PER	\$	TRAILER INTERCHANGE							
OPTIONAL BODILY INJURY TO OTHERS	41 42 43 44 45 46 47 48 49			B1 EACH ACCIDENT	\$	COVERAGES	SYMBOL	#TRAILERS	FAIR USE	#DAYS	RATES	DEDUCTIBLE	
OPTIONAL HIRED/BORROWED LIABILITY	YES NO STATES			PROPERTY DAMAGE	\$	OPTIONAL COMPREHENSIVE	48						
OPTIONAL NON-OWNED LIABILITY	YES NO STATES			CSL <input checked="" type="checkbox"/> B1 EA PER	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	48						
OTHER				B1 EACH ACCIDENT	\$	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		COST OF HIRE \$ IF ANY BASIS		OPTIONAL HIRED PHYSICAL DAMAGE		STATES #DAYS #VEH		COVERAGE/DEDUCTIBLE		

MOTOR CARRIER SECTION

Submitted Date 03-04-2016

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DESTRUCTIBLE
BODILY INJURY LIABILITY	61	67	PHYSICAL DAMAGE	62	67	
	62	68		63	68	
	63	69		64	69	
	64	71		65	71	
COMBINSORY PERSONAL INJURY PROTECTION		PER PERSON \$	OPTIONAL COMPREHENSIVE	62	67	
		YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	63	67	SCL FT LSP
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY		EACH ACCIDENT \$	OPTIONAL COLLISION	62	67	
OPTIONAL MEDICAL PAYMENTS		EACH PERSON \$	OPTIONAL TOWING & LABOR	63	67	
COMPULSORY UNINSURED MOTORIST		CSL <input type="checkbox"/> BA PER \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS		EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	69		
		CSL <input type="checkbox"/> BA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70		
OPTIONAL NON-TRUCKERS HIRED/BORROWED		COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	70		
OPTIONAL TRAILERS HIRED/BORROWED		COST OF HIRE \$ IF ANY BASIS	OTHER			
OPTIONAL NON-OWNED AUTO LIABILITY		GROUP TYPE	COVERAGES IS			
		EMPLOYEES	PRIMARY			
		VOLUNTEERS	SECONDARY			
		PARTNERS				
OTHER						

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
ONIL AUTO CARE INC

Submitted Date 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

10(b)

Arbella Insurance Group
Claim No. 1020053080

1

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

2

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

3

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

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

5

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

6

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, 617-745-2980, 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: Auto Body Services
How is your vehicle used in business? Pickup Supplies, Business Errands, Personal Errands
Do you have your own business? Y/N OR Do you work for others? Y/N If yes please provide:
Employer Name: AE M 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 - URGENT
Importance: High

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



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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

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: 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: ORIL AUTO CARE INC. **COBOLD:** **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
 1685 REVERE BEACH PARKWAY
 EVERETT, MA 02149

INSURANCE COMPANY: TRAVELERS PROPERTY CAS CO OF AM
 Jonathan Scharnberg

AGENCY FEM: 811817807

CLASSIFICATION OF OPERATION	CLASS CODE	ESTIMATED TOTAL ANNUAL REMUNERATION	RATE	ESTIMATED PREMIUM
AUTOMOBILE SERVICE OR REPAIR CENTER & DRIVERS	8380			
EMPLOYERS LIABILITY 100/100/500	9845	\$10,920	3.08	\$336
STANDARD PREMIUM				
LOSS CONSTANT				\$336
EXPENSE CONSTANT	0032			\$20
TERRORISM CHARGE	0900			\$250
TOTAL POLICY MINIMUM PREMIUM	9740			\$3
TOTAL ESTIMATED PREMIUM				\$287
DIA ASSESS. 5-63				\$509
TOTAL EST. PREMIUM PLUS ASSESSMENT				\$19
INSTALLMENT BASE: Annual				\$628
				\$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: 4756763

EXHIBIT 11

CARLOS DESOUZA

Arbella

Policy Optional Coverages

Coverage	Limits	Deductible	Premium
Vehicle # 1 Premiums = \$1,688			
2012 LAND ROVER RANGE RVR EVOQUE PURE PRE			
SAM VIN# 2G2C317651			
Compulsory Coverages:			
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
Optional Insurance:			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$220
Optional Medical Payments	\$25,000		\$11
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$22
Optional Underinsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$22
Risk Characteristics:			
Geographic City			
Territory	15		
Class Code	78910		
Anti-Lock Brakes	295		

Arbella

Page 3 of 3

This 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.

Basic 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 55302 Boston, MA 02205-5302	

Documents

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

To View/Print Commercial Auto - MA Application click this icon  RECORD 125 PDF

To View/Print Commercial Auto - MA Application click this icon  RECORD 127 PDF

To View/Print Commercial Auto - MA Application click this icon  RECORD 137MA PDF

View/Print Other 



Submitted Date 1-2016
COMMERCIAL INSURANCE APPLICATION

AGENCY RAPO & JEPSEN INS SERVICES INC 1103 COMMONWEALTH AVE BOSTON MA 02215 fernanda.oliveira		CARRIER NAUC CODE UNDERWRITER UNDERWRITER OFF.		DATE (MM/DD/YYYY) 05-11-2016
PHONE TEL No. Ext. FAX No. Ext. E-MAIL Address: fernanda@rapoandjepsen.com AGENCY CUSTOMER ID: SUB CODE: 0154		POLICY OR PROGRAM REQUESTED CAR - Arbelia (ceded)		POLICY NUMBER
INDICATE SECTIONS ATTACHED PROPERTY CLASS AND SIGN COMMERCIAL VEHICLE COMMERCIAL TRUCK OR TRAILER COMMERCIAL MOTOR CARRIER		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC 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"/> CHANGE DATE TIME AM PM CANCEL		PACKAGE POLICY INFORMATION ENTER THE INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
PROPOSED START DATE: 05-11-2016 PROPOSED EXP DATE: 05-11-2017		BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL		PAYMENT PLAN: <input type="checkbox"/> AUST. No Audit	

APPLICANT INFORMATION NAME (First Name, Last Name & Other Named Insureds) CARLOS DESOZA		MAILING ADDRESS (incl ZIP+4) (of First Named Insured) 87	
DATE OF BIRTH (of First Named Insured): SEX: OCCUPATION:		M.V. MAY 11 2016	
TYPE OF BUSINESS: INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> SUB CHAPTER'S CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS:		ORDER/EAU NAME: <input type="checkbox"/> BUSINESS NUMBER:	
INSPECTION CONTACT: CARLOS DESOZA PHONE (Area No., Ext.):		ACCOUNTING RECORDS CONTACT: CARLOS DESOZA PHONE (Area No., Ext.):	

LOC#	BLDG#	STREET, CITY, COUNTY, STATE, ZIP+4	CITY/LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	NO PRIOR SUBMISSIONS FOUND				
			INSIDE	PREVIOUSLY SUBMITTED ON				
			OUTSIDE	BY				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 PERSONAL TRAINER

EXPLAIN ALL 'YES' RESPONSES	YES	NO	EXPLAIN ALL 'YES' RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	2. DURING THE LAST FIVE YEARS (TEN IN FL), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY OFFENSE OF THE CRIME OF FRAUD, BREACH OF FIDELITY, OR ANY OTHER ACTION RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?		<input checked="" type="checkbox"/>
1a. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	(If "YES" this question must be answered for any applicant for property insurance. Failure to disclose the existence of an event conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<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 PAST 2 YEARS? (Not applicable in ND)	<input checked="" type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PAST 2 YEARS? (Not applicable in ND)	<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"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>	8. ANY UNCORRECTED FINE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			9. ANY BANKRUPTCY, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE YEARS?		<input checked="" type="checkbox"/>
			10. HAS A BUSINESS EVER BEEN PLACED IN A TRUST? (If "YES" NAME OF TRUST)		<input checked="" type="checkbox"/>
			11. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 818 for Liquor Exposure and/or ACORD 818 for Property Exposure)		<input checked="" type="checkbox"/>

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, COMMITTS 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, MS, 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 11-11-2016

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	EFFECT DATE	CLASS CODE	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS
GENERAL LIABILITY																	
AUTOMOBILE LIABILITY																	
PROPERTY DAMAGE																	
PROPERTY DAMAGE																	

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 YEARS (9 YEARS IN IL & IN)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	ACCOUNT NO.	AMOUNT RECEIVED	CLAIM STATUS
		See additional information page				

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.)

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.

AGORD 125 (2005/08)

Name and Address

CARLOS DESOUZA

Submitted Date

1-2016

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Sabella 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 : CCE_0004.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Sic Code :

AGENT REMARKS :

End of Document

ACORD BUSINESS AUTO SECTION

Submitted Date 1-1-2016

AGENCY RAPO & JEFFREY INS SERVICES INC 1109 COMMONWEALTH AVE BOSTON MA 02215 Fernanda Oliveira	PHONE FAX E-MAIL	APPLICANT CARLOS DESOUSA	DATE (MM/DD/YYYY) 05-11-2016
CODE SUB CODE: 0154	EFFECTIVE DATE 05-11-2016	EXPIRATION DATE 05-11-2017	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
FOR COMPANY USE ONLY		PAYMENT PLAN	
AGENT NO. (if applicable)		AGENT NO. (if applicable)	

COVERAGES/LIMITS
USE ACORD 197 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 OR COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	DOB	SEX	STATUS	DATE OF BIRTH	YES	NO	YEAR	DRIVER'S LICENSE NUMBER	STATE	DATE	ISS	DOC	ISS	USE
1	SINDY S SABINO												NO		

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?		<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>
6. ARE RCD, PUC OR OTHER FUNDS REQUIRED?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIALS?		<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT COHEADED ON THIS APPLICATION?		<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATION(S)		<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"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT
ACORD 45 attached for additional names.

INTEREST	NAME	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					
<input type="checkbox"/> LOSS PAYEE					
<input checked="" type="checkbox"/> LESSEE		SOURCE ONE FINANCIAL			VEHICLE: 0001 (SALVAGE) CH617651
<input type="checkbox"/> EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> OWNER					OTHER
<input type="checkbox"/> REGISTRANT					

REMARKS

ACORD 127 (2003/09)

PLEASE COMPLETE REVERSE SIDE

VEHICLE DESCRIPTION		ACORD 129 attached for additional vehicles		Submitted Date 05-11-2016										
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
0001	2012	RANGE ROVER	RANGE RVR EVOQUE PURE P			\$ 48545								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
		GA	15	73910			49							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$ 500	COLL
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$	COLL
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$	COLL
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$	COLL
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$	COLL
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$	COLL
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST NEW								
CITY, STATE	ZIP WHERE GARAGED	LIC STATE	TERR	CLASS	SEAT CP	RADIUS	FARTHEST TERM							
DRIVE TO SCHOOL	USE	COMM	CHECK COVERAGES	ADDL NO-FAULT	INDRS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL		
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT			FT	COMP							
15 MILES+	FARM	SERVICE				FTW	COLL							
NET VEH PRICE												TOTAL PREM \$	\$	COLL

ACORD 127 (2003/08)

Name and Address
CARLOS DESOUZA

Submitted Date 11-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : SINDY S SARIKO
DOB : 03

MISCELLANEOUS INFORMATION :

Ridesharing/T.S.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 : 6000
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 : \$0000/100000
Collision Type : Full
Waiver of Collision Deductible : Yes
\$100 Glass Deductible : No
Rental Reimbursement : 30
Towing and Labor : 50
Anti-Theft Device : 20t
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 11-2016

AGENCY
RAPO & JEPSEN INS SERVICES INC

APPLICANT (PERSON OR ENTITY)
CARLOS DESOUSA

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 5 7 8	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL COMPREHENSIVE MOTORIST	7	\$25000 Each Person \$50000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	3 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 4 7 8	EACH PERSON \$ 25000	OPTIONAL COMPREHENSIVE	2 4 8	\$500
COMPULSORY UNINSURED MOTORIST	2 3 7	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BIAPER \$ 25000 <input type="checkbox"/> BI EACH ACCIDENT \$ 50000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8	
OPTIONAL BODILY INJURY TO OTHERS	1 2 3 4 7 8	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BIAPER \$ 25000 <input type="checkbox"/> BI EACH ACCIDENT \$ 50000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGED DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	<input type="checkbox"/> COMP \$ <input type="checkbox"/> 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 UML LAW	COVERAGES:	PRIMARY	SECONDARY

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 45 46 47 49 50	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 46 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 46 47	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 42 43 44 45 46 47 48 49 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 46 47	\$	
OPTIONAL MEDICAL PAYMENTS	42 43 49	EACH PERSON \$	OPTIONAL TOWING & LABOR	46	\$	
COMPULSORY UNINSURED MOTORIST	42 43 49	<input type="checkbox"/> CSL <input type="checkbox"/> BIAPER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 42 43 44 45 46 47 48 49 50	<input type="checkbox"/> CSL <input type="checkbox"/> BIAPER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	48		
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48	\$	
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
OTHER			OTHER	COVERAGES:	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 BIA (2005/04)

PLEASE COMPLETE REVERSE SIDE

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MOTOR CARRIER SECTION

Submitted Date **11-11-2016**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																				
BODILY INJURY LIABILITY	61	67	<table border="1"> <thead> <tr> <th>COVERAGES</th> <th>COVERED AUTO SYMBOLS</th> <th>LIMITS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td>OPTIONAL COMPREHENSIVE</td> <td>62</td> <td>67</td> <td>\$</td> </tr> <tr> <td>OPTIONAL SPECIFIED CAUSES OF LOSS</td> <td>63</td> <td>68</td> <td>\$</td> </tr> <tr> <td>OPTIONAL COLLISION</td> <td>64</td> <td>69</td> <td>\$</td> </tr> <tr> <td>OPTIONAL TOWING & LABOR</td> <td>65</td> <td>70</td> <td>\$</td> </tr> </tbody> </table>	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	OPTIONAL COMPREHENSIVE	62	67	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	63	68	\$	OPTIONAL COLLISION	64	69	\$	OPTIONAL TOWING & LABOR	65	70	\$
	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE																		
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COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																				
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OPTIONAL COLLISION	64	69	\$																				
OPTIONAL TOWING & LABOR	65	70	\$																				
64																							
COMPULSORY PERSONAL INJURY PROTECTION	65	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>																					
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71																				
OPTIONAL MEDICAL PAYMENTS	62	67																					
	63	68																					
	64	69																					
COMPULSORY UNINSURED MOTORIST	62	68	CSL <input type="checkbox"/> EA PER \$																				
OPTIONAL BODILY INJURY TO OTHERS	61	64	71																				
	62	67	CSL <input type="checkbox"/> EA PER \$																				
	63	68	CSL <input type="checkbox"/> EA PER \$																				
OPTIONAL NON-TRUCKERS HIRED OR BORROWED	YES	STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION																				
OPTIONAL TRUCKERS HIRED OR BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$																				
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$																				
OTHER		GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF																				
		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 CHARGES 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 DE SOUZA

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**

AGENCY: **RARO & JENSEN INS SERVICES INC**
 APPLICANT (PRINT NAME AND ADDRESS): **CARLOS DESOUSA**
 DATE (MM/DD/YYYY): **05-11-2016**

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"/> B EACH PERSON \$ 20000 <input checked="" type="checkbox"/> B EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$25000 Each Person \$50000 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 \$ 25000	OPTIONAL COMPREHENSIVE	2 3 4 5 6 7 8	\$500
COMPULSORY UNINSURED MOTORIST	2 3 4 5 6 7 8	CSL <input checked="" type="checkbox"/> EA PER \$ 25000 B EACH ACCIDENT \$ 50000 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"/> EA PER \$ 25000 B EACH ACCIDENT \$ 50000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 3 4 5 6 7 8	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	STATES #DAYS #VEH COVERAGE/REDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF EMPLOYEES 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 HIRED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGES IS:	PRIMARY	SECONDARY

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	B EACH PERSON \$ B EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 43 44 45 46 47 48 49		\$
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 43 44 45 46 47 48 49	CSL FT LSP	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 42 43 44 45 46 47 48 49	EACH ACCIDENT \$	OPTIONAL COLLISION	42 43 44 45 46 47 48 49	F FTW	\$
OPTIONAL MEDICAL PAYMENTS	42 43 44 45 46 47 48 49	EACH PERSON \$	OPTIONAL TOWING & LABOR	48		\$
COMPULSORY UNINSURED MOTORIST	42 43 44 45 46 47 48 49	CSL EA PER \$ B EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 42 43 44 45 46 47 48 49	CSL EA PER \$ B EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	48 49		
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 49		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48 49		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	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 HA (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	67	71	BI EACH PERSON \$	BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DEDUCTIBLE	
BODILY INJURY LIABILITY	61	67	71	\$	\$	OPTIONAL COMPREHENSIVE	62	67				\$
COMPULSORY PERSONAL INJURY PROTECTION	65	67		PER PERSON \$	PER ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71	EACH ACCIDENT \$		OPTIONAL COLLISION	62	67	F	FTW		\$
OPTIONAL MEDICAL PAYMENTS	62	64		EACH PERSON \$		OPTIONAL TOWING & LABOR	63					\$
COMPULSORY UNINSURED MOTORIST	62	66		CSL <input type="checkbox"/> BI <input type="checkbox"/> EA PER \$	BI EACH ACCIDENT \$	TRAILER INTERCHANGE						
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL <input type="checkbox"/> BI <input type="checkbox"/> EA PER \$	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	\$ TRAILERS	PATH (DATE)	\$ DAYS	RADIUS	DEDUCTIBLE
OPTIONAL NON-TRUCKERS HIRE/RENTED	YES	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL COMPREHENSIVE	69					
OPTIONAL TRUCKERS HIRE/RENTED	YES	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	70					
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL COLLISION	69					\$
OTHER				EMPLOYEES		OPTIONAL HIRED PHYSICAL DAMAGE	70					
				VOLUNTEERS								
				PARTNERS								
						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 parking 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 CARLOS DESOUZA	Submitted Date 1-2016
---	------------------------------

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

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

End of Document

Acord Additional Info (200408)

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>
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>
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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Arbella Insurance Group



CARLOS DE SOUZA

EVERETT, MA 02149

Agent: 46-0154

Policy Number: [REDACTED]

Expiration Date: 05/1/2017

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 _____

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.

Sandy 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

Mount Vernon Fire Insurance Company
1190 Devon Park Drive, Wayne, Pennsylvania 19087
A Member Company of United States Liability Insurance Group

POLICY DECLARATIONS

No. CL 2707421

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.**

Commercial Liability Coverage Part

**PREMIUM
\$500.00**

TOTAL:

\$500.00

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:

William A. Minney
Authorized Representative

**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	
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
	Everett, MA 02149	

Loc	Classification	Code No.	Premium Basis	Rate		Advance Premium	
				Pri/Co	All Other	Pri/Co	All Other
1	Schools - Personal Trainer - Other than Not-For-Profit	67512	30,000 Per 1,000 Sales	Included	4.815	Included	\$144

MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:

TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$500
 (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 Single Family Family Senior 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: (____) _____

Would you like to receive NENEM 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 club.

The notice must state that you do not wish to be bound by the contract. This 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 la Cruz* 05/11/2016

Arbella Insurance Group
Claim No. 1020055477

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

2

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

3

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020055477

4

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.

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020055477

5

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

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

7

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

Linda A. Fowler

Arbella Insurance Group
Claim No. 1020055477

8

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

OSEAS LAINEZ-MARTINEZ



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY
 RAPO & JEPSEN INS SERVICES INC
 724 CHELMSFORD ST
 LOWELL MA 01851
 daniel delima

CARRIER
 NAIC CODE: UNDERWRITER

DATE
 01-21

POLICIES OR PROGRAM REQUESTED
 CAR - Arbella (ceded)

PHONE (A/C No. Ext.)
FAX (A/C No. Ext.)
E-MAIL ADDRESS: daniel@rapoandjepsen.com
CODE
AGENCY CUSTOMER ID: DANTEL
SUB CODE: 0154

INDICATE SECTIONS ATTACHED

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEAL
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINE
CRIMES AND LANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPEN
TRANSPORTATION/ MOTOR TRUCK CARGO	BUSINESS AUTO	UMBRELLA
	TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE FC

QUOTE	ISSUE POLICY	RENEW	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
			01-25-2016	01-25-2017	X DIRECT BILL	
BOUND (Give Date and/or Attach Copy):	CHANGE DATE	TIME			AGENCY BILL	
CANCEL						

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)
 LAINEZ BROS PAINTING INC

MAILING ADDRESS (incl ZIP+4 (of First Named Insured))

FEIN OR SOC SEC # (of First Named Insured):

PHONE (A/C No. Ext.):

WEBSITE ADDRESS:

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION NOT FOR PROFIT ORG LLC CR BUREAU NAME: ID NUMBER:

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

ACCOUNTING RECORDS CONTACT: OSERAS MARTINEZ
 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	% OCCUP
			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	EXPLAIN ALL "YES" RESPONSES	YES	NO	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X		8. DURING THE LAST FIVE YEARS (FIFEN 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? (If "YES", this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arrest 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? (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 615 for Liability Exposure and/or ACORD 616 for Property Exposure)		
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 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, 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

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	RETRO DATE																	
	EFF-EXP DATE																	
GENERAL LIABILITY	GENERAL AGGREGATE																	
	PRODUCTS COMP OR AGGREGATE																	
	PERSONAL & ADV INJ																	
	EACH OCCURRENCE																	
	FIRE DAMAGE																	
	MEDICAL EXPENSE																	
	BODILY INJURY																	
	PROPERTY 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	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 (4 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
LATINEZ 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

ACORD BUSINESS AUTO SECTION

SUBMITTED DATE 01-25-2016

AGENCY	PHONE (AG. No., Ext.)	APPLICANT LATINEZ BROS PAINTING INC	DATE 01-25-
	FAX (AG. No.)		
RAPO & JEPSEN INS SERVICES INC		EFFECTIVE DATE 01-25-2016	EXPIRATION DATE 01-25-2017
724 CHELMSFORD ST		<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN
LOWELL, MA 01851		<input type="checkbox"/> AGENCY BILL	
daniel delina		FOR COMPANY USE ONLY	
CODE	SUB CODE 0154		
AGENCY CUSTOMER ID DANIEL			

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)	DOB	SEX	STATE	DATE OF BIRTH	YRS Exp	YEAR Lic	DRIVERS LICENSE NUMBER	STATE LIC	DATE FIRE	BROADER	DOC	USE
1	OSEAS JONATAN LATINEZ MARTINEZ											NO	YES

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			X	8. ANY HOLD HARMLESS AGREEMENTS?		
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.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		X		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?		X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, FIC OR OTHER FILINGS REQUIRED?		X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
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

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 (3TMTLFAENKAM049377)
<input type="checkbox"/> LOSS PAYEE		SOURCE ONE FINANCIAL			SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					

REMARKS

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

DUPLICATED DATE 01-20-2010

VEH# 0001	YEAR 2010	MAKE TOYOTA	MODEL TACOMA DOUBLECAB	BODY TYPE	VIN: 3TML14E1XAM049377	VEHICLE TYPE	SYN/AGE	COST					
CITY, STATE, ZIP WHERE GARAGED PEPPERELL, MA 01463				LIC STATE MA	TERR 13	CLASS GVW/GCW	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	X	NO-FAULT	X	FT	COMP	FG	AA				
15 MILES +	FARM	SERVICE				FTW	COLL						
NET VEH PRICE:										\$	ST AMT	\$	500
TOTAL PREM \$										\$		\$	500

ACORD 127 (2003/08)

Name and Address
LAINEZ BROS PAINTING INC

SUBMITTED DATE 01-23-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : OSEAS JONATAN LAINEZ MARTINEZ
DOB : [REDACTED]

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 :
Bodily Injury Limit : Unknown
Personal Injury Limit : 20000/40000
Property Damage Limit : 8000
Property Damage Deductible : \$100,000
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
RABO & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)
LAINEZ BROS PAINTING INC

DATE (MM/DD)
01-25-2

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 <input type="checkbox"/> 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 type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" 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"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	<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 <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 <input type="checkbox"/> 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	MOTORCYCLE GUEST OCCUPANT EXCLUSION 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 <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> 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.M. LAW	COVERED AUTO SYMBOLS	COVERAGE IS:	PRIMARY SECONDARY

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"/>	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> 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"/>		
COMPULSORY PERSONAL INJURY PROTECTION	44 <input type="checkbox"/> 46 <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"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> 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"/>		\$
OPTIONAL MEDICAL PAYMENTS	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	46	\$	
COMPULSORY UNINSURED MOTORIST	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/>	<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 <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 \$ <input type="checkbox"/> BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48 <input type="checkbox"/> 49 <input type="checkbox"/>	# TRAILERS # DAYS RADIUS DEDUCTIBLE	
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49 <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"/> 49 <input type="checkbox"/>		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
OTHER			OTHER	COVERED AUTO SYMBOLS		
COVERED AUTO SYMBOLS		(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	COVERAGE IS:		PRIMARY	SECONDARY
(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY		(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

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE					
BODILY INJURY LIABILITY	61		67	BI EACH PERSON \$	\$	COVERAGES					
	62		68			COVERED AUTO SYMBOLS					
	63		71			LIMITS					
	64					OPTIONAL COMPREHENSIVE					
COMPULSORY PERSONAL INJURY PROTECTION	65			PER PERSON \$	\$	OPTIONAL SPECIFIED CAUSES OF LOSS					
	67					OPTIONAL COLLISION					
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71	EACH ACCIDENT \$	\$	OPTIONAL TOWNS & LABDR					
	62		67			COVERAGES					
	63		68			SYMBOL					
	64					# TRAILERS					
OPTIONAL MEDICAL PAYMENTS	62		64	EACH PERSON \$	\$	PART ZONE					
	63		67			# DAYS					
COMPULSORY UNINSURED MOTORIST	62		66	BI EACH ACCIDENT \$	\$	RADIUS					
	63		67			MOTORCYCLE GUEST OCCUPANT EXCLUSION					
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	PROPERTY DAMAGE \$	\$	COVERAGES					
	62		67			SYMBOL					
	63		68			# TRAILERS					
	64					PART ZONE					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		BI EACH ACCIDENT \$	\$	# DAYS					
	NO					RADIUS					
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	\$	COVERAGES					
	NO					SYMBOL					
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		COST OF HIRE \$	\$	# TRAILERS					
	NO					PART ZONE					
OTHER	GROUP TYPE			OPTIONAL HIRED PHYSICAL DAMAGE	\$	COVERAGES					
	EMPLOYEES					SYMBOL					
	VOLUNTEERS					# TRAILERS					
	PARTNERS					PART ZONE					
COVERED AUTO SYMBOLS				OTHER		COVERAGE IS:					
(61) ANY AUTO						PRIMARY					
(62) OWNED AUTOS ONLY						SECOND					
(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

(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

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
LATINEZ 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

Minimum Fee: \$2

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 418.10

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:

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.)

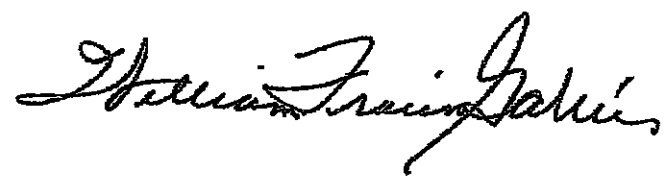
OSEAS JONATAS L MARTINEZ

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

NOTICE OF NON-RENEWAL
OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Registration Number
V.I. Number REFER TO POLICY

Date of this Notice: 12/06/2016
Policy Expiration at 12:01 A.M.: 01/22/2017
Policy Number: [REDACTED]

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 Wallen S. Hynes
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.

Arbella Insurance Group
Number 1020062398

1

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, José 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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

2

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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

4

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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

5

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?

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

6

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, 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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

Q. When you went in there, do you remember who you talked to? Was it 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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

8

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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

9

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 an 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?

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

10

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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

11

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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

12

~~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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

13

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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

14

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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

15

~~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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

16

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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

17

~~he went~~ when they canceled his insurance, that's when they told him
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

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

18

~~change the president of the company.~~

Q. Okay. And then that's when Leandro told you how to go about doing the
A. Yes.

Q. And then the letter you get from the Community Center, did you bring it
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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

19

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 suppose 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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062398

20

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.

Linda A. Fowler



COMMERCIAL INSURANCE APPLICATION
 APPLICANT INFORMATION SECTION

AGENCY: **POINT INS INC**
 1103 COMMONWEALTH AVE
 BOSTON MA 02215
 LEANDRO RODRIGUES

CARRIER: **NAIC CODE** UNDERWRITER: **UN** DATE: **01-2**

POLICIES OR PROGRAM REQUESTED: **CAR - ArBella (deduct)**

INDICATE SECTIONS ATTACHED:
 PROPERTY: GLASS AND SIGN
 ACCOUNTS RECEIVABLE/
 VALUABLE PAPERS
 CRIMINALS/UNLAWFUL CRIME
 TRANSPORTATION
 MOTOR TRUCK/CARAVAN

EQUIPMENT FLOATER:
 INSTALLATION/BUILDERS RISK
 ELECTRONIC DATA PROC
 COMMERCIAL
 GENERAL LIABILITY
 BUSINESS AUTO
 TRUCKER/TRACTOR CARRIER

GARAGE AND DEER:
 VEHICLE SCHEDULE
 BOILER & MACHINE
 WORKERS COMPEN
 UMBRELLA

PHONE (A/C No. Ext.):
 FAX:
 E-MAIL: **leandro@pointinsure.com**
 ADDRESS:
 CODE: SUB CODE: **0127**

AGENCY CUSTOMER ID:

STATUS OF TRANSACTION: QUOTE ISSUE POLICY RENEW

PACKAGE POLICY INFORMATION: ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES

PROPOSED EFF DATE: **01-25-2017** PROPOSED EXPIRE DATE: **01-25-2018**

BILLING PLAN: DIRECT BILL PAYMENT PLAN

AGENCY BILL

APPLICANT INFORMATION: NAME (First Named Insured & Other Named Insureds): **LAINEZ BROS PAINTING INC**

MAILING ADDRESS (incl. ZIP+4) (of First Named Insured):

PHONE (A/C No. Ext.):

INDIVIDUAL CORPORATION SUBCHAPTER S CORPORATION PARTNERSHIP JOINT VENTURE LLC CREDITURE NAME: ID NUMBER:

WEBSITE ADDRESS:

INSPECTION CONTACT: **JOSE R. LAINEZ**

ACCOUNTING RECORDS CONTACT: **JOSE R. LAINEZ**

PHONE (A/C No. Ext.):

PREMISES INFORMATION: LOG# BLD# STREET, CITY, COUNTY, STATE, ZIP+4

LOG#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4	COVRY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUP
			INSIDE	OWNER				
			OUTSIDE	OWNER				
			INSIDE	OWNER				
			OUTSIDE	OWNER				

NO PRIOR SUBMISSIONS FOUND

PREVIOUSLY SUBMITTED ON

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

GENERAL INFORMATION: **Has the same - INACA - found issue - C**

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"/>	1. DURING THE LAST FIVE YEARS (TEN IN MD), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BREKERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In MD, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an even 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. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	3. 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"/>	4. HAS BUSINESS BEEN PLACED IN A TRUST? (YES, NAME OF TRUST)		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	5. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 819 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 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 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, COMETS 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: _____

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE										
		1	2	3	4	5	6	7	8	9	10	
GENERAL LIABILITY	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	RETRO DATE											
	EFF-EXP DATE											
	GENERAL AGGREGATE PRODUCTS COMP OR AGGREGATE											
	PERSONAL & AUTO INJ											
	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	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												
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

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
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
Document Type : ORDER

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

AGENCY: **POINT-THE-INC**
 ADDRESS: **1103 COMMONWEALTH AVE**
BOSTON MA 02215
LEANDRO RODRIGUES

APPLICANT: **LATINEZ BROS PAINTING, INC**

AGENCY CODE: **SUB CODE 0127**

EFFECTIVE DATE: **01-25-2017** EXPIRATION DATE: **01-25-2018**

FOR COMPANY USE ONLY

DATE: **01-11-18**

PAYMENT PLAN: **AGENCY BILL**

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)	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE TIRE	CRAZED (NO/YES)	DOC	VE VER
1	JOSE R LATINEZ											

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

QUESTION	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?		X			
2. DO OVER 60% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		X			
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		X			
4. ARE ANY VEHICLES LEASED TO OTHERS?		X			
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		X			
6. ARE ICC, PIC OR OTHER FILINGS REQUIRED?		X			
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		X			
8. ARE THERE ANY GARAGE STORAGE LOCATIONS?		X			
9. ANY HOLD HARMLESS AGREEMENTS?					
10. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.					
11. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?					
12. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?					
13. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?					
14. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?					
15. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?					
16. HAS AGENT INSPECTED VEHICLES?					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	BANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST ITEM NUMBER
X		SOURCE ONE FINANCIAL CORP			VEHICLE-0001 (376114 EGXAND49377)
					SCHEDULED ITEM NUMBER:
					OTHER

REMARKS:

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH# 0001	YEAR 2010	MAKE TOYOTA	MODEL TACOMA DOBLECAR	LIC STATE MA	TERR 20	VEHICLE TYPE GVWGGW	CLASS G1182	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM \$ 2569	
CITY, STATE, ZIP WHERE GARAGED		REVERE MA 02151		LIC STATE TERR		VEHICLE TYPE		SYNAGE		COST			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$ 500	\$ 500	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE TERR		GVWGGW		CLASS		SIC		FACTOR		SEAT CP RADIUS FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$	\$	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE TERR		GVWGGW		CLASS		SIC		FACTOR		SEAT CP RADIUS FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$	\$	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE TERR		GVWGGW		CLASS		SIC		FACTOR		SEAT CP RADIUS FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$	\$	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE TERR		GVWGGW		CLASS		SIC		FACTOR		SEAT CP RADIUS FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$	\$	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE TERR		GVWGGW		CLASS		SIC		FACTOR		SEAT CP RADIUS FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$	\$	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE TERR		GVWGGW		CLASS		SIC		FACTOR		SEAT CP RADIUS FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMS FG	DEDUCTIBLES	ADV	COMP	
< 15 MILES	15 MILES +	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	COMP	FG	AA	STAMT	\$	\$	
NET VEH PRICE		VEH# YEAR MAKE MODEL		BODY TYPE VLN:		VEHICLE TYPE		SYNAGE		COST NEW			

Name and Address
LAINEZ BROS PAINTING INC

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : JOSE R LAINEZ
SOIP : 99

MISCELLANEOUS INFORMATION :

Ridesharing/T.N.C. : NO

ADDITIONAL VEHICLE INFORMATION :

VEHICLE # : 0881
Rate Physical Damage Only? : NO
Vehicle Type : Light Truck
Plate Type :
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 : 50000/100000
Bodily Injury To Others Limit : 25000
Uninsured Motorist Limit : 50000/100000
Collision Type : Full
Driver of Collision Deductible : Yes
\$100 Glass Deductible : No
Rental Reimbursement : 45
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



MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

AGENCY
ROYAL INS INC

APPLICANT (Print Name and Address)
LALINEZ BROS PAINTING INC

DATE (DD
01-23-2

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"/>	BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNDECKSORED MOTORIST	7	\$50000 Each Rex \$100000-Each-2c
COMPULSORY PERSONAL INJURY PROTECTION	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" 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"/> 9 <input type="checkbox"/>	EACH PERSON \$ 25000	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"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ 50000 BI EACH ACCIDENT \$ 100000 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"/>	CSL <input type="checkbox"/> BI EA PER \$ 50000 BI EACH ACCIDENT \$ 100000	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 STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	STATES	# DAYS	# VEH

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	41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input checked="" 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"/>	PER PERSON \$ YOURSELF <input type="checkbox"/> DED \$ YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	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 <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
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"/>	FTW <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	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 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"/>	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"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	# TRAILERS	TRAILER ZONE 1
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	# DAYS	RADIUS
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	# VEH	DEDUCTIBLE
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE 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

PLEASE COMPLETE REVERSE SIDE

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LISTS		PHYSICAL DAMAGE					
BODILY INJURY LIABILITY	81	87		B1 EACH PERSON	\$						
	82	88		B1 EACH ACCIDENT	\$						
	83	71									
	84										
COMPULSORY PERSONAL INJURY PROTECTION	85			PER PERSON \$							
	87			YOURSELF <input type="checkbox"/> DED \$							
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	81	84	71								
	82	87									
	83	88		EACH ACCIDENT	\$						
OPTIONAL MEDICAL PAYMENTS	82	84									
COMPULSORY UNINSURED MOTORIST	82	87		EACH PERSON	\$						
	83	88		CSL <input type="checkbox"/> BI <input type="checkbox"/> EAPER \$							
	84	87		BI EACH ACCIDENT	\$						
OPTIONAL BODILY INJURY TO OTHERS	81	84	71								
	82	87									
	83	88		PROPERTY DAMAGE	\$						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	81	84	71								
	82	87									
	83	88		BI EACH ACCIDENT	\$						
OPTIONAL TRUCKERS HIRED/BORROWED	81	84	71								
	82	87									
	83	88		BI EACH ACCIDENT	\$						
OPTIONAL NON-OWNED AUTO LIABILITY	81	84	71								
	82	87									
	83	88		MOTORCYCLE GUEST OCCUPANT EXCLUSION	\$						
OTHER	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
COVERED AUTO SYMBOLS	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
TRAILER INTERCHANGE	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
OPTIONAL HIRING LABOR	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
OPTIONAL HIRED PHYSICAL DAMAGE	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
GROUP TYPE	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
OPTIONAL HIRED PHYSICAL DAMAGE	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						
OTHER	81	84	71								
	82	87									
	83	88		COST OF HIRE	\$						

COVERED AUTO SYMBOLS
 (81) ANY AUTO
 (82) OWNED AUTOS ONLY
 (83) OWNED PRIVATE PASS AUTOS ONLY

ENDORSEMENTS
 (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

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 PROMISE: _____

ACORD 137 MA (2005/04)

Name and Address
LAINEZ BROS PAINTING INC

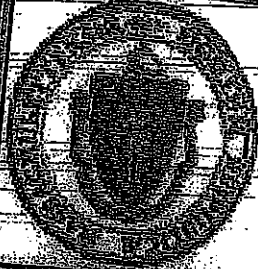
Additional Information

GARAGEKEEPERS COVERAGE:

Locations:

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
OC type	: Coverage Not Requested

End of Document



The Commonwealth of Massachusetts
William Francis Galvin

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

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

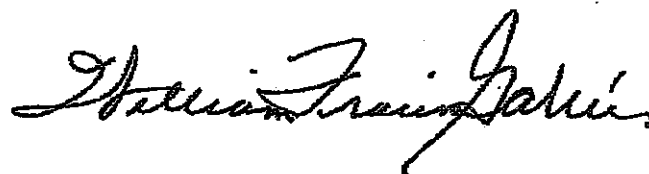
MA SOC Filing Number: 201714101740

Date: 1/25/2017 12:25:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

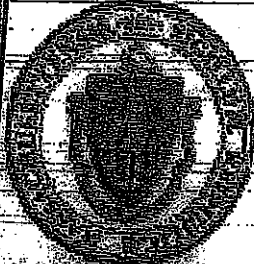
I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with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

January 25, 2017 12:25 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

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 2102 AND Section 345 (950 CMR 113.17)

1. Exact name of the corporation: LAINIZ 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 LAINIZ	
TREASURER	JOSE R LAINIZ	
SECRETARY	JOSE R LAINIZ	
VICE PRESIDENT	JOSE R LAINIZ	
DIRECTOR	JOSE R LAINIZ	

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

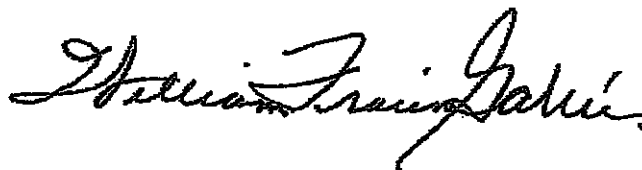
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MA SOC Filing Number: 201714103140 Date: 1/25/2017 12:27:00 PM

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.

Order defined copies	Name of filing	Form No.	Date filed	Filing No.	View PDF
<input checked="" type="checkbox"/>	Statement of Change or 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



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY RAO & JEPSEN INS SERVICES INC 724 CHELMSFORD ST LOWELL MA 01851 Jessica Barreto		CARRIER NAC CODE UNDERWRITER	DATE (MM/YY) 01-20-16																		
PHONE (A/C No. Ext.) FAX (A/C No. Ext.) E-MAIL ADDRESS: jbarreto@rapoandjepsen.com CODE: SUB CODE: 0154		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)	POLICY NUMBER																		
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		INDICATE SECTIONS ATTACHED <table border="1"> <tr> <td>PROPERTY</td> <td>EQUIPMENT FLOATER</td> <td>GARAGE AND DRIVE</td> </tr> <tr> <td>GLASS AND SIGN</td> <td>INSTALLATION/BUILDERS RISK</td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td>ELECTRONIC DATA PROC</td> <td>BOILER & MACHINERY</td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td>COMMERCIAL GENERAL LIABILITY</td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td>TRANSPORTATION INTERESTS/CARGO</td> <td>BUSINESS AUTO</td> <td>UMBRELLA</td> </tr> <tr> <td></td> <td>TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>	PROPERTY	EQUIPMENT FLOATER	GARAGE AND DRIVE	GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY	CRIME/MISCELLANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	TRANSPORTATION INTERESTS/CARGO	BUSINESS AUTO	UMBRELLA		TRUCKERS/MOTOR CARRIER		
PROPERTY	EQUIPMENT FLOATER	GARAGE AND DRIVE																			
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE																			
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY																			
CRIME/MISCELLANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION																			
TRANSPORTATION INTERESTS/CARGO	BUSINESS AUTO	UMBRELLA																			
	TRUCKERS/MOTOR CARRIER																				

PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICY			
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

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) YVETTE M SOTO DBA: YVETTE SERVICES		MAILING ADDRESS (incl. ZIP+4 (if First Named Insured))
FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS: PHONE (A/C No. Ext.):	WEBSITE ADDRESS:	
<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"/> LLG <input type="checkbox"/> CR BUREAU ID NUMBER
INSPECTION CONTACT: PHONE (A/C No. Ext.): E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT: YVETTE 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				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

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

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			X	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.)	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			X	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
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 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; 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 _____

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 OR AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY																
	PROPERTY OCCURRENCE DAMAGE																
	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																
	PERSONS 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

YVETTE N SOTO

UNRECORDED COPY OF 2010

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

ACORD BUSINESS AUTO SECTION

DUPLICATE DATE 01-20-2016

AGENCY PHONE (A/C No. Ext.)
 FAX (A/C No.)
REPORTER JEPSEN INS SERVICES INC
 724 CHILMSTON ST
 LOWELL, MA 01851
 Jessica Barreto

APPLICANT YVETTE M SOTO
 (First Name Last Name Initial)

EFFECTIVE DATE 01-20-2016 **EXPIRATION DATE** 01-20-2017 **DIRECT BILL** **PAYMENT PLAN**
 AGENCY BILL

CODE **SUB CODE** 0154

AGENCY CUSTOMER ID: DANIEL

FOR COMPANY USE ONLY

DATE (M/D)
01-20

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)	BAR SEX STATE	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER SOCIAL SECURITY NUMBER	STATE LIC	DATE HERE	BROADER NO-Fault	DOC	USI VEN
1	YVETTE M SOTO										

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>		
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>		
8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>		
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>		
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		<input checked="" type="checkbox"/>		
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>		
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>		
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		<input checked="" type="checkbox"/>		
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>		
15. HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>		

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"/>					
<input checked="" type="checkbox"/>		SANTO DOMINGO FINANCE			VEHICLE-0601 (4732A3BB280054080)
					SCHEDULED ITEM NUMBER:
					OTHER

DESCRIPTION:

REMARKS

ACORD 127 (2003/08)

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

DUPLICATE DATE 01-20-2010

VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
0001	2011	TOYOTA	VENZA			\$ 26475
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.: 4T3Z2A3BB2EU054080	CLASS	SIC
FRANKLIN MA 02038		MA	1	GVW/GCW	73910	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL	X	X	X	LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$ 500
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$ 500
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$
VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYNAGE	COST
						\$
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	V.I.N.:	CLASS	SIC
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F
< 15 MILES	PLEASURE	RETAIL				LSP
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FTW	COMP
NET VEH DRGR:						\$

Name and Address
YVETTE M SOTO

SUBMITTED DATE 01-20-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : YVETTE M SOTO
DOB : 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

AGENCY
RAPD & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)
YVETTE M SOTO

DATE (MM/DD)
01-20-20

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 Pers \$40000 Each Accd
	2			3	
	3			4	
COMPULSORY PERSONAL INJURY PROTECTION	<input checked="" type="checkbox"/> 5 <input 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		3		
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		3		
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	OPTIONAL COLLISION	2	\$ 500
	2		3		
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/Deductible COMP \$ SPEC COFL \$		
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		
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	PHYSICAL DAMAGE							
BODILY INJURY LIABILITY	41	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> BI EACH ACCIDENT \$	COVERAGES							
	42		42	46						
	43		43	47						
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL COMPREHENSIVE	42	46	\$				
	46		43	47						
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42	46	\$				
	42		43	47	SCL FT LSP	\$				
OPTIONAL MEDICAL PAYMENTS	42	EACH PERSON \$	OPTIONAL COLLISION	42	46	\$				
	43		43	47	F FTW	\$				
COMPULSORY UNINSURED MOTORIST	42	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	42	46	\$				
	45		43	47						
OPTIONAL BODILY INJURY TO OTHERS	41	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$	TRAILER INTERCHANGE							
	42		43	50	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS
OPTIONAL NON-TRUCKERS HIRED/BORROWED	41	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	46						
	42		49							
OPTIONAL TRUCKERS HIRED/BORROWED	43	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48						
			49							
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL COLLISION	48						\$
	NO		48							
OTHER			OPTIONAL HIRED PHYSICAL DAMAGE							
				STATES # DAYS # VEH						
				COVERAGES IS:	PRIMARY	SECONDARY				

COVERED AUTO SYMBOLS
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

MOTOR CARRIER SECTION

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	\$		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	69					
OPTIONAL MEDICAL PAYMENTS	62	64		EACH PERSON	\$	OPTIONAL TOWING & LABOR	64						
	63	67		CSL	BI EA PER		65						
COMPULSORY UNINSURED MOTORIST	62	68		BI EACH ACCIDENT	\$	TRAILER INTERCHANGE							
	63	67		PROPERTY DAMAGE	\$	OPTIONAL COMPREHENSIVE	69		# TRAILERS	PARTH ZONE	# DAYS	RADIUS	DED
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	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	IF ANY BASIS	OPTIONAL COLLISION	69						
	NO			\$			70						
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH			
	NO			\$									
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF								
	NO												
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 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)

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	61	67	OPTIONAL COMPREHENSIVE	62	67
	62	68		63	68
	63	71		64	68
	64			62	67
COMPULSORY PERSONAL INJURY PROTECTION	65	PER PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	63	68
	67	YOURSELF <input type="checkbox"/> DED \$		64	
		YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS		62	67
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61	EACH ACCIDENT \$	OPTIONAL COLLISION	63	68
	62			64	
	63			62	67
OPTIONAL MEDICAL PAYMENTS	62	EACH PERSON \$	OPTIONAL TOWING & LABOR	63	68
	63			64	
COMPULSORY UNINSURED MOTORIST	62	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE		
	63	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS
	64	PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	69	
			OPTIONAL SPECIFIED CAUSES OF LOSS	70	
OPTIONAL BODILY INJURY TO OTHERS	61	CSL <input type="checkbox"/> BI EA PER \$	OPTIONAL COLLISION	69	
	62	BI EACH ACCIDENT \$		70	
	63				
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS			
	NO				
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS			
	NO				
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS
	NO	EMPLOYEES			# VEH
		VOLUNTEERS			
		PARTNERS			
OTHER			OTHER	COVERAGES IS:	PRIMARY SECOND

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 ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

Name and Address
YVESIE M. SOTO

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

orc Type

:
:
:
: Coverage Not Requested

End of Document

Arbella Insurance Group
Number 1020062311

1

Q. This is Ed Spellman, and I'm speaking with Yvette Soto at telephone number

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

2

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

Arbella Insurance Group
Number 1020062311

3

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

Linda A. Fowler

Arbella Insurance Group
Number 1020062311

4

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.

Linda A. Fowler

Arbella Insurance Group
Number 1020062311

5

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

6

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

7

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

8

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

9

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

AGENCY: POINT INS INC
 1103 COMMONWEALTH AVE
 BOSTON MA 02215
 Felipe Souza

PHONE (A/C, No, Ext):
 FAX (A/C, No, Ext):
 E-MAIL ADDRESS: fsouza@pointinsure.com
 WEBSITE ADDRESS:
 AGENCY CUSTOMER ID: SUB CODE: 0127

CARRIER: NAIC CODE: UNDERWRITER: UNDERWRITER:

POLICIES OR PROGRAM REQUESTED: CAR - Arbella (ceded) POLICY NUMBER:

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE	ELECTRONIC DATA PROC	BOILER & MACHINERY
INVESTED PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSAT
COMMERCIAL/PERSONAL CRIME	BUSINESS AUTO	UMBRELLA
TRANSPORTATION	TRUCKERS/MOTOR CARRIER	
MOTOR/TRAFFIC		

STATUS OF TRANSACTION: QUOTE ISSUE POLICY RENEW
 BOUND (Give Date and/or Attach Copy):
 CHANGE RATE TIME AM PM
 CANCEL

PACKAGE POLICY INFORMATION: ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICY

PROPOSED EXP DATE: 01-21-2017	PROPOSED EXP DATE: 01-21-2018	BILLING PLAN: X DIRECT BILL	PAYMENT PLAN:
		AGENCY BILL	

APPLICANT INFORMATION: NAME (First Named Insured & Other Named Insured):
 YVETTE M SOTO
 DBA: DBA YVETTE SERVICES

MAILING ADDRESS (incl. ZIP+4 for First Named Insured):

PHONE (A/C, No, Ext): WEBSITE ADDRESS:

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER-S CORPORATION NOT FOR PROFIT ORG LLC OR BUREAU NAME: ID NUMBER: DATE STATE:

RESPONSE 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:

PREMISES INFORMATION

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

NO PRIOR SUBMISSIONS FOUND
 PREVIOUSLY SUBMITTED ON: JAN 23 2017

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 SERVICES: *Arbella - Same - MACA - Bound Issue*

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	B. 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 1 to 3 years of imprisonment.)		
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	8. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X	11. HAS BUSINESS BEEN PLACED IN A TRUST? (YES, NAME OF TRUST:)		X
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			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

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, COMBATS 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: _____

Submitted Date 01-21-2017

PRIOR CARRIER INFORMATION

LINE	CATEGORY	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	PROPERTY DAMAGE	COMBINED SINGLE LIMIT	MODIFICATION FACTOR	TOTAL PREMIUM	
GENERAL LIABILITY																		
AUTOMOBILE LIABILITY		ARBELLA		Prior		01-19-2016 01-19-2017												
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 (2 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
	Emp. Auto	See additional information page				OPEN/CLED

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.
 AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND RECORDS AND TO REQUEST CORRECTIONS.
 DETAILED DESCRIPTION OF YOUR RIGHTS AND REMEDIES.

Name and Address

YVETTE M SCIO

SYSTEMS - RATE: 01-21-2017

Additional Information

APPLICANT INFORMATION :

Status of transaction: Submitting for Underwriting review
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: \$160.00

ADDITIONAL ATTACHMENTS INFORMATION :

File : CCF_090786.pdf
Document Type : Other

File : registry12.pdf
Document Type : Other

MISCELLANEOUS INFORMATION :

Sic Code :

AGENT REMARKS :

End of Document.

Submitted Date 01-21-2017

ACORD BUSINESS AUTO SECTION

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Felipe Souza	PHONE FAX TOLL FREE	APPLICANT YVETTE M SOTO <small>(First, Last, Initial)</small>	EFFECTIVE DATE 01-21-2017	EXPIRATION DATE 01-21-2018	DIRECT BILL <input checked="" type="checkbox"/>	PAYMENT PLAN AGENCY BILL	DATE (MM/YY) 01-21-17
CODE	SUB CODE: 0127	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 ONLY VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	SEX	STAT	DATE OF BIRTH	YES	YEAR	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC.	DATE FIRE	WRITTEN EXAM	DOC	USE VEH #
1	YVETTE M SOTO											

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			X	2. ANY HOLD HARMLESS AGREEMENTS?	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			X	3. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.	
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 ISA, 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

INTEREST	MARK	NAME AND ADDRESS	REFERENCE #.	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	SANTO DOMINGO FINANCE CORP INC			VEHICLE: 0001 (4732A3BB2B0054080)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	<input type="checkbox"/>				OTHER
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

REMARKS

ITEM DESCRIPTION:

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles Submitted Date 01-21-2017.

VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
0001	2011	TOYOTA	VENZA		4T32A3BB2BU054080	SVWGCW		\$ 26475			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
FRANKLIN MA 02038		MA	1	73910					49		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$ 500
15 MILES +	FARM	SERVICE			FTW	COLL					\$ 500
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.L.N.	VEHICLE TYPE	SYNAGE	COST			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST		
DRIVE TO WORK/SCHOOL	USE	COMM	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY UNINS MOTOR	FT	COMP	FG		AA	STAMT	\$
15 MILES +	FARM	SERVICE			FTW	COLL					\$
NET VEH DRGR:											

Name and Address

YVETTE M SOTO

Submitted Date 01-21-2017

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : YVETTE M SOTO
SNIP : 98

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 : 20000/80000
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 : 20000/40000
Waiver of Collision Deductible : Full
\$100 Glass Deductible : Yes
Rental Reimbursement : No
Towing and Labor : 30
Anti-Theft Device : 100
Pollution Type : 150
Is this a Leased Vehicle : No Pollution Liability Coverage-No Surcharge

End of Document



MASSACHUSETTS COMMERCIAL AUTO
 COVERAGES/LIMITS SECTION

Submitted Date 01-21-2017

AGENCY
 POINT INS INC

APPLICANT (Print Name and Address)
 YVETTE M SOTO

DATE (MM/DD)
 01-21-2017

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	7			
	3	8			
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	OPTIONAL TOWING & LABOR	3	
	2	4	OPTIONAL COMPREHENSIVE	2	\$500
OPTIONAL MEDICAL PAYMENTS	2	4	OPTIONAL SPECIFIED CAUSES OF LOSS	2	
COMPULSORY UNINSURED MOTORIST	2	8	OPTIONAL COLLISION	2	\$500
	3	7			
OPTIONAL BODILY INJURY TO OTHERS	1	4	TRUCKERS SECTION		
	2	7			
OPTIONAL HIRED/BORROWED LIABILITY	YES	STATES	COVERED AUTO SYMBOLS		
	NO		(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		
OPTIONAL NON-OWNED LIABILITY	YES	STATES	(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		
	NO		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		
GROUP TYPE			COVERAGES IS:		
EMPLOYEES	NUMBER OF		PRIMARY	SECONDARY	
VOLUNTEERS					
PARTNERS					
COST OF HIRE \$ IF ANY BASIS			COMP \$	SPEC \$	
MOTORCYCLE GUEST OCCUPANT EXCLUSION			COFL \$		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
BODILY INJURY LIABILITY	41	46	OPTIONAL COMPREHENSIVE	42					
	42	47		43	47	\$			
	43	50		OPTIONAL SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP \$		
COMPULSORY PERSONAL INJURY PROTECTION	44		43	47	F FTW	\$			
	46		OPTIONAL COLLISION	42	45	\$			
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	43	47					
	42	48	OPTIONAL TOWING & LABOR	46		\$			
OPTIONAL MEDICAL PAYMENTS	42	46	TRAILER INTERCHANGE						
COMPULSORY UNINSURED MOTORIST	42	46	COVERAGES	SYMBOL	# TRAILERS	TRAILER ZONE	# DAYS	RADIUS	DEDUCTIBLE
	43	46	OPTIONAL COMPREHENSIVE	48					
OPTIONAL BODILY INJURY TO OTHERS	41	48	OPTIONAL SPECIFIED CAUSES OF LOSS	48					
	42	47	OPTIONAL COLLISION	48					
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	OPTIONAL HIRED PHYSICAL DAMAGE	48					
	NO			49					
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	OTHER						
	NO								
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	COVERAGES IS:						
	NO		PRIMARY	SECONDARY					
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
 (46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILER SPECIFICALLY DESCRIBED
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER

Submitted Date 01-21-2017

MOTOR CARRIER SECTION										
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	69	SCL	FT	LSP
	64					65	70	F	FTW	
COMPULSORY PERSONAL INJURY PROTECTION	65		PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67			
	67		YOURSELF <input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		63	68			
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	EACH ACCIDENT \$		OPTIONAL COLLISION	62	67			
	62	67				63	68			
	63	68				64	69			
OPTIONAL MEDICAL PAYMENTS	62	64	EACH PERSON \$		OPTIONAL TOWING & LABOR	62	67			
COMPULSORY UNINSURED MOTORIST	62	68	CSL <input type="checkbox"/>	BI EA PER \$		63	68			
	63	67	BI EACH ACCIDENT \$	PROPERTY DAMAGE \$		64	69			
	64		PROPERTY DAMAGE \$	BI EACH ACCIDENT \$		65	70			
OPTIONAL BODILY INJURY TO OTHERS	61	64	CSL <input type="checkbox"/>	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67			
	62	67	BI EACH ACCIDENT \$	BI EACH ACCIDENT \$		63	68			
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION	COST OF HIRE \$		64	69			
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE \$	IF ANY BASIS	OPTIONAL COLLISION	62	67			
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE \$	IF ANY BASIS		63	68			
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		64	69			
OTHER	NO		EMPLOYEES			65	70			
			VOLUNTEERS		STATES # DAYS # VEH					
			PARTNERS		OTHER					
COVERED AUTO SYMBOLS					COVERAGE IS:		PRIMARY		SECONDARY	
(61) ANY AUTO		(64) OWNED COMMERCIAL AUTOS ONLY			(67) SPECIFICALLY DESCRIBED AUTOS		(70) YOUR TRAILERS IN THE POSSESSION		AND/OR 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 _____

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



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY
 RAPO & JEPSEN INS SERVICES INC
 3103 COMMONWEALTH AVE
 BOSTON MA 02215
 lourenco luciana

PHONE (A/R, No. Ext):
FAX (A/R, No. Ext):
EMAIL ADDRESS: luciana@rapoandjepsen.com
CODE:

AGENCY CUSTOMER ID: SUB CODE: 0127

CARRIER: NAIC CODE: UNDERWRITER:

POLICIES OR PROGRAM REQUESTED:
 CAR - Arbella (ceded)

POLICY NUMBER:

STATUS OF TRANSACTION

QUOTE ISSUE POLICY RENEW

BOUND (Give Date and/or Attach Copy):

CHANGE DATE TIME

CANCEL AM PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE

PROPOSED EFF DATE: 04-02-2015 PROPOSED EXP DATE: 04-02-2016

BUILDING PLAN: DIRECT BILL AGENCY BILL

PAYMENT PLAN:

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds): LEMUS SERVICES CORP

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

FEIN OR SOC SEC # (of First Named Insured):

EMAIL ADDRESS: PHONE (A/R, No. Ext):

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE SUBCHAPTER S CORPORATION NOT FOR PROFIT ORG LLC

INSPECTION CONTACT: MANUEL LEMUS NAVARRO

PHONE (A/R, No. Ext): EMAIL ADDRESS: ACCOUNTING RECORDS CONTACT: MANUEL LEMUS NAVARRO

PHONE (A/R, No. Ext): EMAIL ADDRESS:

PREMISES INFORMATION

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

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

CLEANING

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		X		
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		
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? (If "YES", 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 4 YEARS?				X
11. HAS BUSINESS BEEN PLACED IN A TRUST? (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 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

ACORD 125 (2005/06)

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE			OCCURRENCE			CLAIMS MADE			OCCURRENCE			CLAIMS MADE			OCCURRENCE		
GENERAL CRIMINAL LIABILITY	CARRIER																		
	POLICY NUMBER																		
	POLICY TYPE																		
	RETRO DATE																		
	EFT-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																			
AUTOMOBILE	CARRIER																		
	POLICY NUMBER																		
	POLICY TYPE																		
	EFT-EXP DATE																		
	COMBINED SINGLE LIMIT																		
	BODILY INJURY	EA PERSON																	
		EA ACCIDENT																	
	PROPERTY DAMAGE																		
	MODIFICATION FACTOR																		
	TOTAL PREMIUM																		
PROPERTY	CARRIER																		
	POLICY NUMBER																		
	POLICY TYPE																		
	EFT-EXP DATE																		
	BUILDING	AMT																	
	FERS PROP	AMT																	
	MODIFICATION FACTOR																		
TOTAL PREMIUM																			
	CARRIER																		
	POLICY NUMBER																		
	POLICY TYPE																		
	EFT-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 (6 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)

COPIES 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 DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT US FOR MORE INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.
 ACORD 125 (2005/06)

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 04-02-2015

ACORD BUSINESS AUTO SECTION

DATE (MM/DD)
04-02-20

AGENCY
 PHONE (A/C No., Ext)
 FAX (A/C No.)

Rapo & Jepsen Ins Services Inc
 1103 COMMONWEALTH AVE
 BOSTON MA 02215
 Conference-luciana

CODE
 AGENCY CUSTOMER ID:

SUB CODE: 0127

APPLICANT (First Name Insured)

EFFECTIVE DATE 04-02-2015 **EXPIRATION DATE** 04-02-2016 **DIRECT BILL** **PAYMENT PLAN**

AGENCY BILL

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)	DOB	SEX	STAT	DATE OF BIRTH	YRS EXP.	YEAR LIC.	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC.	DATE PIRED	GRADUATE (YES/NO)	DOC	USE VEH.
1													

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
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?	
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.	
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	
6. ARE ICC, FUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?	
DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>	15. HAS AGENT INSPECTED VEHICLES?	

MAXIMUM DOLLAR VALUE SUBJECT TO LC \$

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

SUBMITTED DATE 02-04-2013

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH#	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW				
0001	2006	INFINITI	G35				\$ 33050				
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVM/GCW	CLASS	SIC	FARTHEST T				
MALDEN MA 02148		MA	14		73910						
DRIVE TO WORK/SCHOOL	USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR SPEC COFL	FT	COMP	FG	AA	ST AMT	\$
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$
NET VEH PRICE											
TOTAL PREM \$											
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW				
							\$				
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVM/GCW	CLASS	SIC	FARTHEST T				
DRIVE TO WORK/SCHOOL	USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REMB	DEDUCTIBLES	ACV	COMP
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR SPEC COFL	FT	COMP	FG	AA	ST AMT	\$
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$
NET VEH PRICE											
TOTAL PREM \$											

SUBMITTED DATE 08-02-2013

Name and Address
LEWIS SERVICES CORP

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : MANUEL LEWIS NAVARRO
DOB :

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 (MMDD)
04-02-2013

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	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident		
	2			3			
	4			5			
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	4 8		
	3		7				
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	4 8		
	3		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 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2	4 8		
	2		7				
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	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		NUMBER OF			
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	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42	46	\$			
	42		47						
	43		49						
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	<input type="checkbox"/> SCI <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	EACH ACCIDENT \$	OPTIONAL COLLISION	42	46	\$			
	42			46	50				
OPTIONAL MEDICAL PAYMENTS	42	EACH PERSON \$	OPTIONAL TOWING & LABOR	45	\$				
	43			46					
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		46	COVERAGES	SYMBOL	# TRAILERS	FIRTH ZONE	# DAYS	RADIUS
OPTIONAL BODILY INJURY TO OTHERS	41	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	46					
	42		47						
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	46					
	NO			49					
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO								
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	NUMBER OF	COVERAGE IS: PRIMARY SECONDARY					
	NO								
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	72	73						
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"/>	<input type="checkbox"/>		<input type="checkbox"/>	YOURSELF	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"/>		\$	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"/>	CSL	BI EA PER	<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"/>	\$	\$													
COMPULSORY UNINSURED MOTORIST	<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"/>					
	<input type="checkbox"/>	<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"/>	<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"/>		\$	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	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES			\$	\$													
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES			\$	\$													
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES			\$	GROUP TYPE	NUMBER OF												
	NO					EMPLOYEES													
						VOLUNTEERS													
OTHER																			
COVERED AUTO SYMBOLS						OTHER						COVERAGE IS:		PRIMARY	SECONDARY				
(61) ANY AUTO						(64) OWNED COMMERCIAL AUTOS ONLY						(67) SPECIFICALLY DESCRIBED AUTOS						(70) YOUR TRAILERS IN THE POSSESSION	
(62) OWNED AUTOS ONLY						(65) OWNED AUTOS SUBJECT TO NO-FAULT						(68) HIRED AUTOS ONLY						ANOTHER TRUCKER UNDER A TRAILER	
(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						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

LEMUS SERVICES CORP

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

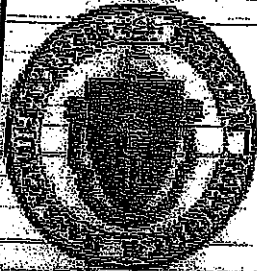
Coverage Options

Collision Deductible

OTC Type

:
:
: Coverage Not Requested

End of Document



The Commonwealth of Massachusetts
William Francis Galvin

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; 850 CMR 1.13-16)

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 privilegea 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 VI

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 VII

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 secretary/assistant secretary

an office of its transfer agent

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.)

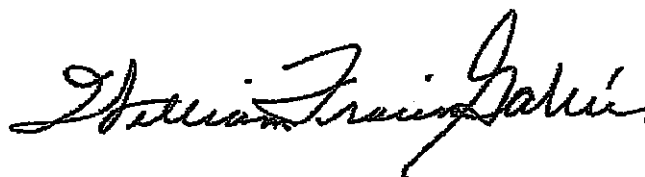
MANUEL LEMUS-NAVARRO, PRESIDENT

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



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Arbella Insurance Group
Claim No. 1020040019

2

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

3

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

4

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

5

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

Arbella Insurance Group
Claim No. 1020040019

6

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 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

7

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

8

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

Arbella Insurance Group
Claim No. 1020040019

9

Q. Why was that? Was it the first time you went they asked you all of the
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 SUU



LEMUS SERVICES INC
MALDEN, MA 02148

Agent: 48-0127
Policy Number: [REDACTED]
Expiration Date: 04/02/2017

2017 MAR 22 10:52

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 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.

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: _____

[Signature] 04/11/17

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

POLICY DECLARATIONS
No. [REDACTED]

NAMED INSURED AND ADDRESS:
LEWIS 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 YK
MAILING ADDRESS SHOWN AKA

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
TOTAL:	\$440.00

[Handwritten Signature] 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)**
1695 Revere Beach Parkway
Everett, MA 02149

Issued: 03/21/2017 2:07 PM

By: *[Handwritten 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 SAU*



LEMUS SERVICES INC

MALDEN, MA 02148

Agent: 48-0127

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? 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?
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

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 YD
MAILING ADDRESS SHOWN ABO

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

TOTAL:

\$440.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue
See Endorsement EOD (1/95)

Agent: RAPD AND JEPSEN INSURANCE SERVICES, INC. (2122)
1885 Revere Beach Parkway
Everett, WA 02149

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.

EXTENSION OF DECLARATIONS

Effective Date: 03/21/2017

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
CG0066	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	06/15	Exclusion - Unmanned Aircraft
CG2136	03/05	Exclusion - New Entities
CG2139	10/03	Contractual Liability Limitation
CG2147	12/07	Employment-Related Practices Exclusion
CG2173	01/15	Exclusion Of Certified Acts Of Terrorism
CG2284	10/01	Excl - Damage To Work Performed By Subcontractors On Your Behalf
IL0017	11/08	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	08/05	Janitorial Services Warranty Endorsement
L-627	11/07	Exclusion - Work Performed On Premises Open For Business
L-763	10/12	Amendment of Liquor Liability Exclusion
LLQ100	07/06	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
 1201 AM STANDARD TIME

Each Occurrence Limit	\$1,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000
Medical Expense Limit (Any One Person)	\$5
Damages To Premises Rented To You (Any One Premises)	\$100
Products/Completed Operations Aggregate Limit	Includ
General Aggregate Limit	\$2,000

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)	98814	1 Per Part-Time Janitor	Included	131.700	Included	\$162
MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:							\$440
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:							\$440 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.

CL150 (10/03)

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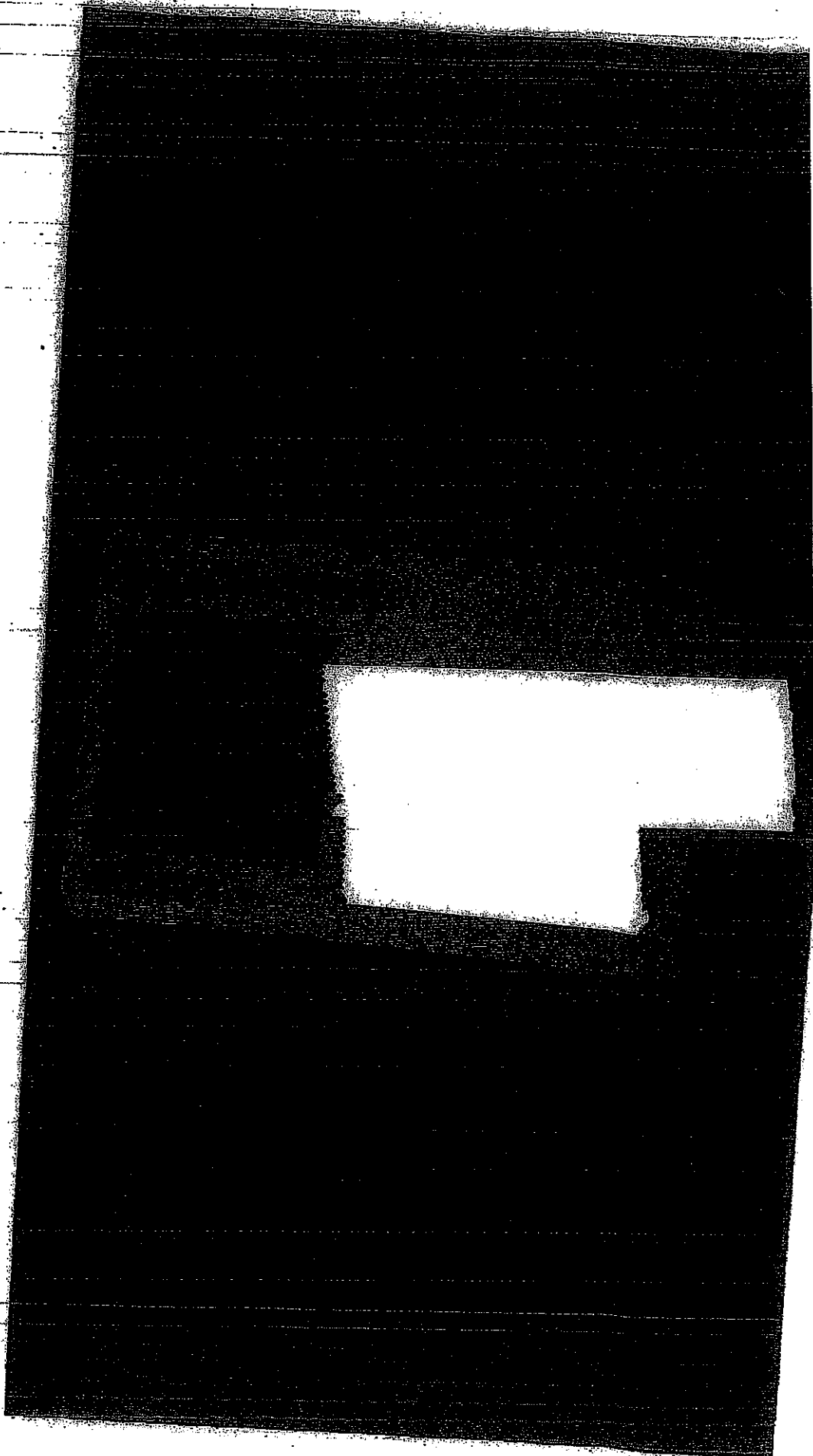


EXHIBIT 15

KRY SERVICES

156a

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

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.

A.

Sorry.

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

2

A. Yes. I went to buy a car at a dealer and they told me that they will 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, y

Q. Okay. Was it Point Insurance back then or did it have a different na
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, j
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
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 commu
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

AGENCY
 RAGO & JEPSEN INS SERVICES INC
 724 CHELMSFORD ST
 LOWELL MA 01851
 Jessica Fernandes

CARRIER [] **RATE CODE** [] **UNDERWRITER** []

DATE (MM/DD/YY)
 03-04-2016

UNDERWRITER []

POLICIES OR PROGRAM REQUESTED
 CAR - Arbelia (coded)

POLICY NUMBER []

PHONE (Ag. No. Ext.) []

FAX (Ag. No.) []

EMAIL ADDRESS jessica@rapoandjepsen.com

WEBSITE ADDRESS []

AGENCY CUSTOMER ID [] **SUB CODE** 0134

PROPERTY
 CLASS AND ISDN
 ACCOUNTS RECEIVABLE
 WAREHOUSE
 CRANES/SCISSOR LIFTS/CRAWLERS
 TRAILERS/LOADING
 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 ISSUE POLICY RENEW

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR NON-QUOTE POLICIES.

PROPOSED EFF DATE 03-04-2016 **PROPOSED EXP DATE** 03-04-2017

BILLING PLAN DIRECT BILL AGENCY BILL

PAYMENT PLAN [] **AUDIT** No Audit

APPLICANT INFORMATION

NAME (Print Name of Insured & Other Named Insureds)

ANDY R KRY
 DBA: KRY SERVICES

MAILING ADDRESS (incl ZIP+4 (if Print Name is Insured))

100-MANYS
 MAR 04 2016

PERSON OR SOCIETY (Print Name of Insured)

INDIVIDUAL **CORPORATION** **SUBCHAPTER S CORPORATION** **LLC** **JOINT VENTURE** **PROFIT ORG** **NO OF MEMBERS AND MANAGERS** []

CR/BUREAU NAME [] **ID NUMBER** []

WEBSITE ADDRESS []

RESPONSE CONTACT andy kry

PHONE (Ag. No. Ext.) [] **DATE BUS STARTED** []

PREMISES INFORMATION

LOC# [] **BLDG** []

STREET, CITY, COUNTY, STATE, ZIP+4

CITY/LIMITS [] **INTEREST** [] **YR BUILT** [] **# EMPLOYEES** [] **ANNUAL REV** [] **% OCCUPIED** []

INSIDE **OWNER** **TENANT**

INSIDE **OWNER** **TENANT**

NO PRIOR SUBMISSIONS FOUND **PREVIOUSLY SUBMITTED ON** []

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

GENERAL INFORMATION

7349 / 3

GENERAL INFORMATION

EXPLAIN ALL YES RESPONSES

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? YES NO

2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? YES NO

3. IS A FORMAL SAFETY PROGRAM IN OPERATION? YES NO

4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? YES NO

5. ANY CATASTROPHIC EXPOSURE? YES NO

6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? YES NO

7. ANY POLICY OR COVERAGE DENIED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not Applicable in MD) YES NO

8. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE HIRING? YES NO

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

10. DURING THE LAST FIVE YEARS (EVEN IF IN MD, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BREACH, ARSON OR ANY OTHER CRIME RELATED TO PROPERTY IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In MD, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an such conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) YES NO

11. ANY UNCORRECTED FIRE CODE VIOLATIONS? YES NO

12. ANY BANKRUPTCY, TAX OR COURT LIENS AGAINST THE APPLICANT? YES NO

13. HAS BUSINESS BEEN PLACED IN A TRUST? YES NO

14. 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) YES NO

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 PERPETRATOR 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** []

Submitted Date 03-04-2016

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS		OCCURRENCE		CLAIMS		OCCURRENCE	
		DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
GENERAL LIABILITY	CARRIER								
	POLICY NUMBER								
	POLICY TYPE								
	RETRO DATE								
	EFF-EXP DATE								
	GENERAL AGGREGATE								
	PRODUCTS (PROP OR AGGREGATE)								
	PERSONAL & ADM								
	EACH OCCURRENCE								
	FIRE DAMAGE								
	MEDICAL EXPENSE								
	BODILY INJURY								
	PROPERTY DAMAGE								
	COMBINED SINGLE LIMIT								
	MODIFICATION FACTOR								
TOTAL PREMIUM									
PROPERTY	CARRIER								
	POLICY NUMBER								
	POLICY TYPE								
	EFF-EXP DATE								
	COMBINED SINGLE LIMIT								
	BODILY INJURY								
	PROPERTY DAMAGE								
	MODIFICATION FACTOR								
	TOTAL PREMIUM								
	CARRIER								
	POLICY NUMBER								
	POLICY TYPE								
	EFF-EXP DATE								
	BUILDING AMT								
	FIRE 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 & MN)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS

REMARKS NOTE: BODILY INJURY 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.)

ATTACHMENTS STATE SUPPLEMENT(S) (if applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.) PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION 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 (2008/09)

Name and Address ANDY R XRY	Submitted I 03-04-2016
---------------------------------------	-------------------------------

Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Underwriting review

Has other Arbia 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 (2004/05)

OverflowPageNumber :1

Submitted on 03-04-2016

ACORD BUSINESS AUTO SECTION

AGENCY RAPD & JERGEN INS SERVICES INC 724 CHARLINGTON ST LOWELL, MA 01851 Jessica Fernandes	PHONE No. Ext.: FAX No.: AGENCY MAILING ADDRESS	APPLICANT ANDY R KRY TITLE (Please Print) EFFECTIVE DATE 03-04-2016 EXPIRATION DATE 03-04-2017	DATE (MM/DD/YYYY) 03-04-2016
CODE: SUB CODE: 0134		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN ADJUST. No Split

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 VEHICLE ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	SEX	HAIR	DATE OF BIRTH	YES	YEAR	DRIVERS LICENSE NUMBER	STATE	DATE	ISSUED	DOB	ISS	ISS
					EXP.	LIC.	SOCIAL SECURITY NUMBER	LOC.	TYPE	CLASS	CLASS	CLASS	CLASS
1	ANDY R KRY												

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"/>	2. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
2. DO OVERSEAS EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>	3. 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 DMV 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 D.C. R/C OR OTHER PLINGS 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"/>
8. DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>	15. HAS AGENT INSPECTED VEHICLE?		<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"/>	MEMBER	westlake financial services			VEHICLE: 0001 (1) Item 72726a005293
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	OWNER				OTHER
<input type="checkbox"/>	REGISTRANT				

DESCRIPTION:

REMARKS

Name and Address
ANDY E KRY

Submitted 03-04-2016

Additional Information

ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : ANDY E KRY
ADIP : 00

MISCELLANEOUS INFORMATION :

Ridesharing/T.N.C. : NO

ADDITIONAL VEHICLE INFORMATION :

VEHICLE # : 0001
Rate Physical Damage Only? : NO
Elate Type :
Elate Number :
Bodily Injury Limit : Unknown
Personal Injury Limit : 20000/40000
Property Damage Limit : 5000
Property Damage Deductible : \$100,000
Uninsured Motorist Limit :
Medical Payment Limit : 20000/40000
Bodily Injury To Others Limit : 10000
Uninsured 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

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
KAPO & JEPSEN INS SERVICES INC

APPLICANT (Print Name and Address)
ANDY R KRY

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"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	<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	5 7 <input checked="" type="checkbox"/> 5 <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 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7 <input type="checkbox"/> 3 <input type="checkbox"/> 7	\$
OPTIONAL MEDICAL PAYMENTS	2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	\$500
COMPULSORY UNINSURED MOTORIST	2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	\$500
OPTIONAL BODILY INJURY TO OTHERS	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 <input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS #VEH	COVERAGES DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS #VEH	COVERAGES 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	COVERAGES IS:	PRIMARY	SECONDARY

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 <input type="checkbox"/> 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	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 43 44 45 46 47 48 49 <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	\$	\$
COMPULSORY PERSONAL INJURY PROTECTION	44 45 <input type="checkbox"/> 44 <input type="checkbox"/> 45	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 <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	ISCL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 42 43 44 45 46 47 48 49 <input type="checkbox"/> 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	EACH ACCIDENT \$	OPTIONAL COLLISION	42 43 44 45 46 47 48 49 <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	\$	\$
OPTIONAL MEDICAL PAYMENTS	42 43 44 45 46 47 48 49 <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	EACH PERSON \$	OPTIONAL TOWING & LABOR	42 43 44 45 46 47 48 49 <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	\$	\$
COMPULSORY UNINSURED MOTORIST	42 43 44 45 46 47 48 49 <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	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 <input type="checkbox"/> 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	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ <input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	42 43 44 45 46 47 48 49 <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	\$	\$
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	42 43 44 45 46 47 48 49 <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	\$	\$
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS #VEH	COVERAGES DEDUCTIBLE	\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS #VEH	COVERAGES DEDUCTIBLE	\$
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 1998-2005

Submitted Date 03-04-2016

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	62	67	PER PERSON \$	EACH ACCIDENT \$	COVERAGES	SYMBOL	TRAILERS	FARTH	#DAYS	RADIUS	DEDUCTIBLE
BODILY INJURY LIABILITY	61	62	67	PER PERSON \$	EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	62					
COMPULSORY PERSONAL INJURY PROTECTION	65	67		PER PERSON \$	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62					
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	62	64	EACH ACCIDENT \$		OPTIONAL COLLISION	62					
OPTIONAL MEDICAL PAYMENTS	62	63	64	EACH PERSON \$		OPTIONAL TOWING & LABOR	63					
COMPULSORY UNINSURED MOTORIST	62	63	67	CSL \$	EACH ACCIDENT \$	TRAILER INTERCHANGE						
OPTIONAL BODILY INJURY TO OTHERS	61	62	64	CSL \$	EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	69					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	70					
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL COLLISION	70					
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE						
OTHER				EMPLOYEES		OTHER						

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

Blank area for 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 Plans 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.

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

ACORD 137 MA (2005/04)

Name and Address

Submitted : 03-04-2016

ANDY R KRY

Additional Information

GARAGEKEEPERS COVERAGE:

Locations

Address

Limit

Coverage Options

Collision Deductible

orc Type

: Coverage Not Requested

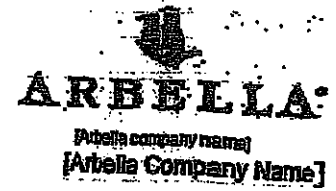
End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

From Point Insurance 1.978.275.0589 Fri Feb 10 10:46:33 2017 MST Page 1 of 6

Arbella Insurance Group



Renewed - Send to 810

10 FEB 17 14:44

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 agents 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 Fri Feb 10 10:46:33 2017 MST Page 2 of 6

Print Name:
Agent's Signature:

Handwritten signature: Andy King

Date:



applications overview

Export Home/URI

AVC Registry Access

02/10/2017 12:48 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4050
 REGISTRATION/TITLE INQUIRY
 FUNCTION: SRT MSG: INQUIRY PROCESS COMPLETE
 PLT TYP: PAN REG#: 2YS432 CLR: R VIN#: JHRCM72726A005293 TTL#: 80371394 -E
 LIC #1: LIC #2: FID#:
 LESSEE :
 OWNER1 NAME :
 OWNER2 NAME :
 CORP/CO NAME: ANDY R KRY
 MAIL ADDR :
 BLDG/APT : CITY: ST: MA ZIP:
 RESID ADDR : CITY: REG ONLY MAIL: N
 BLDG/APT : CITY: ST: ZIP:
 REG STATUS-DT: ACTV/ - 03/04/2016 GARAGE:
 LIFE MD: N STRK#-DT: 171397331 - 03/07/2016 INSP RSLT: P REG EXP DT: 02/2018
 2006 HOND ACCORD MODEL# LSEX 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: 03/03/2016 OD: 0085794 N/A: U PREV TTL ST/#: MA 80127321
 TTL TYPE: C-BRAND: REASON-CD: TTL RTN ST:
 LIEN1 TYPE/CD: E / 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

From Point Insurance 1.978.275.0589 Fri Feb 10 10:46:33 2017 MST Page 4 of 6

Transaction: Policy Change			
Policyholder: ANDY RIVKIN			
Policy Status: ACTIVE			
Agency Name: POINT INS INC			
Product Code: 400734			
Effective Date: 03-02-2016 to 03-02-2017			
OPERATOR - COMMERCIAL AUTO - CO.			
Name	Birth Date	License	State
ANDY RIVKIN			

The image shows a large table that is almost entirely blank. It features a vertical line on the left side, likely representing a column header or a separator. There are several horizontal lines across the page, indicating the rows of the table. The text within the table is extremely faint and illegible. The overall appearance is that of a scanned document where the content has been lost or is too light to read.

From Point Insurance 1.978.275.0589 Fri Feb 10 10:46:33 2017 MST Page 5 of 6

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

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

[REDACTED] for applying for an Employer Identification Number (EIN). We assigned you 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 documents.

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

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

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3576 (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 KRY. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

02/10/2017 12:48PM (GMT-05:00)

From Point Insurance 1.978.275.0589 Fri Feb 10 10:46:33 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

02/10/2017 12:48PM (GMT-05:00)

[Faint, illegible text and markings at the top of the page, possibly bleed-through from the reverse side.]

From Point Insurance 1.978.275.0589 Mon Feb 13 14:50:57 2017 NST Page 1 of 6

Arbella Insurance Group

*Duplicate
Recvd 2/10/17*

ARBELLA
[Arbella company name]
[Arbella Company Name]

19 FEB 17 10:25

**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:

*Territorial Services
Service*

How is your vehicle used in business?

Do you have your own business? Y N OR

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?
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 Mon Feb 13 14:50:57 2017 MST Page 2 of 6

Print Name:

Andy King

Agent's Signature:

Date:



applications overview

Enter Home/URL

AVC Registry Access

02/10/2017 12:40 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES REGISTRATION/TITLE INQUIRY UGR0880

FUNCTION: RT MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: PAN REGS: ZYS432 CLR: R VIN#: 1HGCH72726A0086293 TTL#: 80971394 -E

LIC #1 : LIC #2 :

LESSEE :

OWNER1 NAME :
OWNER2 NAME :
CORP/CO NAME : ANDY R KEY
MAIL ADDR :
BLDG/APT : CITY: ST: MA ZIP:
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 STR#-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: MST:

TTL STATUS-DT: ACTV - 03/12/2016 TTL DT: 03/04/2016 PRINT-DT:

PORCH-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:

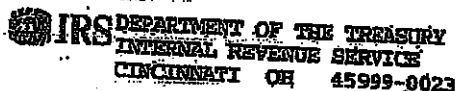
INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 03/04/2016 NONPROF: N VALUE:

PLT ORDER STATUS/DT: LAST-NEXT BILL: 02/2017 - 01/2018

From Point Insurance 1.978.275.0589 Mon Feb 13 14:50:57 2017 MST Page 4 of 6

[REDACTED]			
Policy No.	[REDACTED]	Policy Status	ACTIVE
Agency Name	POINT INSUR	Producer Code	45-GISV
Effective Date	09-04-2016 to 02-04-2017		
DESCRIPTION	COMMERCIAL AUTO - BA		
Name	ABDY FERRY	Birth Date	
		License	
		State	

From Point Insurance 1.978.275.0589 Mon Feb 13 14:50:57 2017 MST Page 5 of 6



ANDY R. KRY
KRY SERVICES

Date of this notice: 03-03-2016

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.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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

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

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

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

IMPORTANT REMINDERS:

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

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

Your name control associated with this EIN is KRY. 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 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: SE-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

ANDY R KRY
KRY SERVICES

02/13/2017 4:52PM (GMT-05:00)

**Bowditch
& Dewey**
ATTORNEYS

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

September 7, 2017

**VIA FIRST CLASS MAIL
AND ELECTRONIC MAIL**

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

RE: Point Insurance v. Arbella Protection Insurance

Dear Mr. Metcalfe:

Enclosed for filing and docketing in the above-captioned matter, please find the following documents:

1. Memorandum of Point Insurance in Support of Its Request for Review of a Termination of Its LSCA by Arbella Insurance; and
2. Exhibits 1 through 15.

Thank you for your time and attention to this matter.

Very truly yours,


Joshua A. Lewin

JAL/rml

Enclosures

cc: Roberta Fitzpatrick, Esq. (by email and regular mail)
Frances L. Robinson, Esq. (By email and regular mail)



COMMONWEALTH AUTO REINSURERS

POINT INSURANCE INC.)
Petitioner)
v.)
ARBELLA PROTECTION INSURANCE)
Respondent)

**MEMORANDUM OF POINT INSURANCE IN SUPPORT OF ITS REQUEST FOR
REVIEW OF A TERMINATION OF ITS LSCA BY ARBELLA**

Since purchasing the Rapo and Jepsen book of business, Point Insurance has tried to work with Arbella to ensure compliance with CAR rules. To be sure, the parties have disagreed about what procedures and eligibility standards are consistent with existing CAR rules. Indeed, as the Market Review Committee is aware, there has been extensive litigation over the proper eligibility requirements for commercial policies and whether Arbella may impose certain conditions, procedures, and requirements for commercial customers of Point to renew their policies. Point previously filed a request for review/relief with CAR (and then an appeal to the Division of Insurance) precisely because it intended to comply with CAR rules and Arbella's policies and procedures to avoid the problems experienced by Rapo and Jepsen; Point simply sought a ruling from CAR and/or the Division of Insurance as to what the correct policies and procedures should be.¹ While Point disagreed with the positions taken by Arbella with respect to certain procedures and eligibility requirements, Point has nevertheless undertaken good faith

¹ Point's appeal of CAR's denial of its Request for Review/Relief of certain of Arbella's underwriting standards, DOI Docket 2017-01, is still pending at the Division of Insurance.

efforts to comply with those requirements until the dispute is resolved by CAR or the Division of Insurance.

To that end, as soon as Point was appointed as an ERP and assigned Arbella as its servicing carrier, Point reached out to Arbella with the assistance of counsel and had a series of meetings to establish procedures and guidelines to try and avoid the problems experienced by Rapo and Jepsen. When difficulties arose in early March 2017 after Arbella kept changing the eligibility requirements (including, among other things, originally accepting foreign licenses and then requiring Massachusetts licensed driver on the policy, issuing commercial policies for vehicles owned by a trust and then refusing to do so, and then changing the documentation required to be submitted along with renewal application), Point reached out to Arbella and had a meeting to get clarity on the proper processes and procedures to avoid problems.

Since January 2017, Point has in good faith and diligently implemented Arbella's eligibility criteria, imposed those requirements on prior Rapo & Jepsen customers and any new customers, and followed Arbella's procedures to ensure that only eligible customers are insured through CAR. Through these efforts, Point has drastically reduced the number of commercial policies in its book of business. As shown in Exhibit A hereto, in following Arbella's policies and procedures and CAR Rules, Point has reduced its book of renewing residual market commercial policies **by over 75%**. Of the 3105 commercial policies in force from January 1, 2017 through July 31, 2017, Point assisted in renewing or re-writing only 784. 2095 of those policies are no longer with Point.² Point has not created any new businesses for customers and

² Despite Point's efforts to assist in screening out insureds who do not meet the eligibility standards promulgated by Arbella, the majority of those insureds rejected by Point and Arbella are still insured with CAR, just through other agencies and servicing carriers. Indeed, many of the policies were re-written by Arbella and ceded to CAR, just through other agencies. This demonstrates the point that Arbella's efforts, no matter how well intentioned, are not correcting the problem it perceives to exist. Because the other servicing carriers do not impose the same requirements and eligibility standards as Arbella and because Arbella does not impose the same policies and

only placed business for new customers with verifiable business enterprises. Contrary to the picture painted by Arbella's lawyers, the numbers demonstrate clearly that Point has been complying with the procedures and requirements of Arbella and has been successful in screening out literally thousands of customers who do not meet Arbella's eligibility requirements. The 75% decrease in commercial policies placed by Point is not the result of an Agency which has "showed no inclination to change the fraudulent business practices engaged in by Rapo & Jepsen Agency, except to improve concealment of its fraudulent practices." **The vast majority of the policies that did not renew with Point went to other servicing carriers with little or no verification.**

In its Notice of Termination and supporting documentation, Arbella identifies fifteen customers of Point which Arbella contends fraudulently renewed their commercial policies with the assistance of Point. Point disputes that it knowingly assisted any customer in fraudulently renew a commercial policy. Point explained to each customer (like the thousands of customers whose policies Point did not renew) the requirements to renew their commercial policies and that their policies could not be renewed unless those eligibility requirements could be met. ***The information supplied on each application came from the customer, not from Point, and Point did not have any basis to suspect fraud or otherwise incorrect information.***

With respect to each of the fifteen customers identified by Arbella in its submission, Point submits herewith various documentation, including: (1) written statements from the insureds concerning the allegations asserted by Arbella; (2) written statements from Point stating the facts surrounding the particular transaction; (3) a statement of facts concerning the transaction and illustrations of contradictions and flaws contained in the SIU interview

procedures on other agencies, ineligible customers simply drive to a competitor of Point and renew their insurance through a different agency.

transcripts submitted by Arbella; (4) supporting/relevant documentation. Brief summaries of each of the fifteen customers/transactions follows:

1. Safe Stone Masonry³ (Exhibit 1)

Arbella's summary of Safe Stone Masonry contains materially false statements of fact and what appear to be troubling redactions of information intended to mislead CAR. Contrary to Arbella's representation, Mr. DeMateos did not initially obtain a Commercial auto insurance with Point or its predecessor, Rapo and Jepsen ("RJIS"). The insured formed a corporation in 2013 in order to get commercial liability insurance in connection with a masonry project he had secured. At that time, and through an agency other than Point or RJIS, the insured obtained a commercial auto policy with Safety Insurance as the Servicing Carrier. In 2015, he came to RJIS and opened a new policy with Arbella. He stated in his interview that he came with his corporate paperwork to RJIS and opened a commercial policy through RJIS at that time. In November 2016, the customer came back to Point to re-write his policy which had been cancelled. Point explained Arbella's requirement that a commercial policy could not be re-written unless there was an operator with a Massachusetts license who was an officer or driver on the policy. He left the agency and Point did not submit a renewal application. He came back several days later and met with a different representative, provided the information of a driver who he stated is an officer of the corporation and need to be added. Mr. DeMateos provided Point information about his business, confirmed that Mr. Silva was an officer of the corporation and requested that Point assist him in amending his corporate papers to that effect, and he signed all of the paperwork confirming same. Point did not know any of the information supplied was false and relied on the information provided by the insured.

2. VH Improvement/Mercelo Dos Santos (Exhibit 2)

³ The insured was recently involved in a deadly accident and is unavailable to be interviewed.

Mr. Dos Santos operates a legitimate construction business and had incorporated in 2011 without the assistance of Point or Rapo & Jepsen. Mr. Dos Santos had multiple commercial auto policies with insurers other than Arbella prior to coming to Point in 2016. In December 2016, Mr. Dos Santos came to Point looking to transfer his auto insurance. Point representatives informed him of the requirements to obtain a commercial policy and he supplied all of the necessary information and documentation. Contrary to Mr. Dos Santos' assertions to Arbella's SIU investigator, Point explained to Mr. Dos Santos that Arbella would not issue a new policy unless an employee or *other operator*, regardless of who it is, with a Massachusetts license is listed on the policy. Point told Mr. Dos Santos that the other operator did not need to be an employee, as long as he was an operator of the vehicle. Point did not tell him that he could list any individual on the policy even if that person had no relation to the business or the vehicle. When Mr. Santos provided Mr. Foley's information to be added to the policy, Point had no reason to believe that he was neither an employee nor an operator of the vehicle. The evidence is clear that Mr. Santos represented to Point that Mr. Foley was an employee. He came back to Point in July 2016 – after giving a statement to Arbella's SIU department—and affirmed again in writing that Mr. Foley “is a driver and employee” of the company.

3. Chun Restaurant Maintenance (Exhibit 3)

Mr. Escalante-Chun came to Point for help with his renewal application. Point representatives assisted him in completing the application. They went through the questions and Mr. Escalante-Chun provided the answers. Mr. Escalante-Chun later went to a different Point office and was told his commercial policy could not be renewed because he could not satisfy Arbella's requirements. He was also told that he could obtain a personal policy. Mr. Escalante-Chun's statements about the forming a corporation in order to get a federal Tax-ID are obviously

confused, as Mr. Escalante-Chun already had a federal Tax-ID for his sole proprietorship which had been used previously to register and insure his vehicle.

4. Pilar Obergon/Pilar's Catering (Exhibit 4)

Arbella bases its claim of misrepresentation on its SIU interview of Mr. Obergon in which he stated that he worked for a company called Rita's Catering. However, Mr. Obergon has submitted a statement herewith affirming that he in fact has two other business, including Pilar's Catering. Confirmation of the same through public internet listings is also attached. Mr. Obergon represented to Point when the applications were completed that he has a catering business and he signed the pertinent documents confirming those facts. Point relied on those representations in assisting him complete and submit the forms. Again, to reiterate, **Mr. Obergon has submitted a signed statement subsequent to his SIU interview that refutes Arbella's assertions.**

5. Jean Claude Nadege /Nadege Jewelry (Exhibit 5)

Arbella refused to renew this policy and claims fraud in the application because the name of the d/b/a is "Nadege Jewelry" but the insured represented to Arbella in writing and to the SIU investigator that she has an independent hair dressing business for which she uses her vehicle. Contrary to the assertions of Arbella, she states unequivocally that the car dealership from which she purchased the vehicle, not Point or Rapo & Jepsen, helped her create her sole proprietorship and obtain and Tax-ID number. She does not know why the dealership identified her business as a Jewelry business but that was not done by Point. She submitted her renewal application without assistance from Point and explained to Arbella's SIU investigator that she did not have tax documents for her business because she did not make enough money to file them. When Point made efforts to correct the name/nature of the business, Arbella responded by stating that it

was “an unusual request[] and has no bearing on the class or underwriting of the risk ... The vehicles are registered to the individual. The business name has no legal bearing.” In other words, Arbella told Point that the name or nature of a sole proprietorship’s business is irrelevant. Yet, that is the very reason Arbella refused to renew the policy and claims Point to have furthered the insured’s alleged misrepresentations. Again, to reiterate, **Ms. Nadege has submitted a signed statement subsequent to her SIU interview that refutes Arbella’s assertions.**

6. Lopez Iron Works (Exhibit 6)

Arbella’s claim that Point Insurance knowingly submitted a fraudulent renewal application is without merit, notwithstanding Mr. Lopez’s apparent representation to Mr. Spellman that he did not operate an iron works business. Mr. Lopez has since issued a signed statement admitting that he provided Point Insurance with answers to all questions on his insurance renewal application, which he signed under the pains and penalties of perjury. Mr. Lopez affirmed, both during his interview with Mr. Spellman and in his later written statement, that Point Insurance explained to him the content and questions on the renewal application. Point Insurance had no reason to doubt the validity of Mr. Lopez’s registered business, particularly given that it had access to information indicating that two separate banking institutions had approved loans to Mr. Lopez’s business for the purpose of financing its vehicles. Again, to reiterate, **Mr. Lopez has submitted a signed statement subsequent to his SIU interview that refutes Arbella’s assertions.**

7. JSantana Plastering LLC (Exhibit 7)

Contrary to Arbella’s assertion, Point Insurance did not fraudulently represent that Mr. Santana’s girlfriend, Mariam Beurekjian, was an employee and driver of the vehicle used by his plastering businesses. JSantana Plastering’s insurance policy covered two vehicles: a Chevy

Express and Nissan Pathfinder, both of which were owned by the LLC. Ms. Beurekjian indicated in her interview with Mr. Spellman that she met with Point Insurance to complete the paperwork for JSantana Plastering LLC's policy. During that meeting, she presented Point Insurance with documentation pertaining to the LLC, as well as documentation indicating that she was a co-signer for a loan on the 2016 Chevrolet Express Van. She further represented to Point Insurance that she was the principal driver of the Nissan Pathfinder, and thereafter presented a check for a \$1,100.00 down payment on the policy. It was thus appropriate, and indeed required under Arbella's policies and procedures, that Point Insurance list Ms. Beurekjian as a driver on JSantana Plastering's insurance policy. **Mr. Santana has submitted a signed statement subsequent to his SIU interview that refutes Arbella's assertions.**

8. Darwin Colindres/ Coll Handyman (Exhibit 8)

Point Insurance denies Mr. Colindres' assertion during his SIU interview that he told Point Insurance he did not in fact have a business in connection with his application for commercial auto renewal. Point Insurance owner Bruno Rozembarque has submitted a detailed letter describing his recollections of his interactions with Mr. Colindres at the time Mr. Colindres completed and signed his commercial auto renewal application. Mr. Rozembarque reviewed the questions and answers on the renewal application with Mr. Colindres and read to Mr. Colindres the provision indicating that he was to sign the form under the pains and penalties of perjury. Mr. Rozembarque notes that Mr. Colindres provided Point Insurance with a 147C letter from the IRS related to his business (a fact which is omitted from Mr. Colindres' interview with Mr. Spellman), and further notes that Mr. Colindres' vehicle was financed under his business name by Community Credit Union of Lynn. Moreover, Mr. Colindres has since issued a signed statement indicating that he engages in business outside his employment with the company SKM,

a fact that was not disclosed during his interview with Mr. Spellman. Again, to reiterate, **Mr. Colindres has submitted a signed statement subsequent to his SIU interview that refutes Arbella's assertions.**

9. Joao Lima/W and J Painting Corporation (Exhibit 9)

Point Insurance denies that it represented to Joao Lima that it was permissible for him to find “anyone with a Massachusetts license” in furtherance of submitting a fraudulent application. Mr. Lima has since issued a signed statement clarifying that Point Insurance informed him that any qualified driver “had to be either an employee or household member,” and Point Insurance agent Christina Galvin has submitted a lengthy, detailed statement to that same effect. Point Insurance notes additionally that it was Mr. Spellman, not Mr. Lima, who suggested during the interview (conducted without a translator) that Ms. Galvin told Mr. Lima “anyone” with a Massachusetts drivers license would suffice for his policy. See Transcript at pp. 10, 15. Point has been clear with all customers that either an operator of the vehicle or employee/officer with a Massachusetts license must be listed. Again, to reiterate, **Mr. Lima has submitted a signed statement subsequent to his SIU interview that refutes Arbella's assertions.**

10. Onil Auto Care (Exhibit 10)

Arbella's accusations with respect to the Onil Auto Care policy renewal are derived solely from Onil Rivas Martinez's claim during his SIU interview that he did not operate his own business. Mr. Rivas Martinez, however, has since issued a signed statement in which he affirms that he does, in fact, own an auto body business. Point Insurance agent Lucas Lemes has submitted a detailed letter herewith in which he describes his meeting with Mr. Rivas Martinez in which he told Point Insurance at the time his renewal application was completed that he

maintained a business on the side in addition to his regular employment. He reviewed the options with the customer, including a personal or commercial policy and the eligibility requirements, and Mr. Rivas chose to renew the commercial policy and purchase a workman's compensation policy which was required by Arbella to complete the renewal process. Mr. Rivas provided to Point the information which was on the renewal application form as is demonstrated by the fact that Point would have no other way of obtaining said information. Mr. Rivas further signed the application confirming the information. Again, to reiterate, **Mr. Rivas has submitted a signed statement subsequent to his SIU interview that refutes Arbella's assertions.**

11. Carlos DeSouza (Exhibit 11)

Arbella does not dispute that Mr. Desouza owns and operates a bona fide business or that he has an employee, but rather points to certain emails between Point Insurance and Arbella in which Point insurance characterizes Mr. DeSouza's sister, Sindy Sabino, as his "employee" to erroneously suggest that this insurance application was fraudulently completed. Mr. Desouza had in fact previously affirmed in writing that she was his business partner and an operator of the vehicle. Whether she was an employee or an operator of the vehicle is beside the point, as she was not identified to Arbella on the renewal application as an employee, but rather as a person who operates the vehicle. Identifying her as an operator on the application was *required* by Arbella, as she is a family member and frequently drives one of the vehicles at issue. Based on the requirement that all "household members" and "employees" be listed in the same place on the renewal application, Point reasonably identified Ms. Sabino as an "employee." Point Insurance denies that any fraud was committed in connection with this renewal application. **Mr. DeSouza has submitted a signed statement subsequent to his SIU interview that refutes Arbella's assertions.**

12. Oseas Lainez-Martinez (Exhibit 12)

Point Insurance denies that either of the Lainez-Martinez brothers indicated to Point Insurance that their painting business was a sham. The Lainez-Martinez brothers approached Leandro Rogrigues of Point Insurance and requested that Mr. Rodrigues assist them in transferring ownership of their business from Oseas Lainez-Martinez to his brother, Jose Lainez-Martinez. Mr. Rodrigues was not aware that the Lainez-Martinez brothers had any fraudulent intent in effecting the change of ownership and he assisted them in making the change. He subsequently assisted them several months later in transferring ownership of the vehicle and insuring it under a personal policy.

13. Yvette Services (Exhibit 13)

Ms. Desoto came to Point to reinstate her commercial policy because she had missed Arbella's deadline for submitting the renewal application. When she had originally purchased the vehicle, she had a cleaning business and had purchased, financed, and insured the vehicle through her business. When she came to renew/reinstate the policy, she requested that Point transfer it to a personal policy. Point quoted a personal policy but could not transfer the vehicle to a personal policy because the vehicle was owned and registered in the name of her business and the finance company would not release her title. Accordingly, her *only option* to insure the vehicle was under a commercial policy. She confirmed to the SIU investigator that Point explained that it could not insure her vehicle under a personal policy. Point asked Ms. Soto about her cleaning business and she said that she still occasionally took cleaning jobs, although she was employed primarily at a dental office. After explained the situation, Ms. Soto moved forward with the application for a commercial policy which Arbella approved.

14. Lemus Services Inc. (Exhibit 14)

Point completed the renewal application utilizing information which had been supplied by the insured and confirmed in writing. When Mr. Lemus first tried to renew his policy, he was instructed (correctly) by Point that the policy would not be renewed by Arbella unless there was a Massachusetts driver listed on the policy. Arbella misstates in its memoranda that Mr. Lemus testified that Point did not tell Mr. Lemus that the person had to be a driver or employee. Mr. Lemus did not say that in his interview. Indeed, Mr. Lemus made varying contradictory statements to the SIU investigator about what he was told by Point and it appears he was simply responding to the prompts of the SIU investigator. In any event, he did not say to the investigator that Point had told him the Massachusetts operator did not need to be a driver or employee of the company. Mr. Lemus returned to the agency ten days after his first visit and met with a different Point employee, asked to renew his policy and supplied the license information of his sister as a driver. Per Arbella's requirements, all such drivers are required to be listed on the policy and Point complied with that mandate. The representative translated the renewal application and assisted Mr. Lemus in completing it. The representative relied on the information which Mr. Lemus had supplied and verified in writing (including that he had a cleaning business) and Mr. Lemus signed the renewal application. As he told the SIU Investigator, he did not disclose to the agent that he did not have a cleaning business or that his sister was not a regular operator of the vehicle. The Point representative had no indication that any of the information on the renewal application was inaccurate. As they went through the application, the Point representative reviewed Arbella's requirement that the insured provide a tax return, general liability or workman's compensation policy with the application. Mr. Lemus asked whether Point sold these types of policies and, after the representative explained the

different policies, he purchased a general liability policy. Arbella is incorrect that this is an instance of Point directing an insured to purchase a general liability policy in order to bolster its claim of being a legitimate business. Mr. Lemus said no such thing in his interview. Mr. Lemus decided to purchase such a policy upon review of the requirements contained in Arbella's renewal application.

15. Kry Services (Exhibit 15)

Arbella's portrayal of Mr. Kry's statement is misleading, at best. Mr. Kry explained that he went to Point in February 2017 to complete Arbella's renewal application. When asked by Arbella's SIU investigator about completing the form, Mr. Kry stated: "Yes. I filled it out. They filled it out – I filled it out with them at Point Insurance." In fact, Mr. Kry went to Point and a customer service representative went question by question through the form with Mr. Kry. Mr. Kry supplied the information on the form and signed the form. Mr. Kry also brought with him documentation with his federal tax-ID number which was also forwarded to Arbella. Mr. Kry did not indicate that any of the information he provided was false and Point had no reason to inquire as to this gentlemen's other employment.

THERE WERE NO VIOLATIONS OF RULES 14.B.1.C, 14.B.1.E, OR 14.B.1.K

As is demonstrated above and in the supporting documentation, Point has complied with the policies, procedures and eligibility requirements imposed by Arbella. Point clearly communicated to customers the eligibility requirements for a commercial policy as it has done for thousands of customers from who Point has not submitted renewal or rewrite applications. Point relied on the information supplied by its customers in submitting applications on their behalf and did not knowingly submit, or assist insureds in submitting, any false information.

Point reviewed each of the applications/renewal with the customer before the customer signed the documents to ensure that the information was accurate. While it is possible that the customers provided false information to Point, Point was not aware of any such information and did not knowingly assist the customers in engaging in fraudulent activity or fail to notify Arbella of the same. Point has screened out more than 75% (2000+) of existing customers who do not meet Arbella's eligibility criteria. The fact that only fifteen insureds in the span of 12 months (out of several thousand existing customers) have been identified by Arbella as not meeting the eligibility criteria is simply inconsistent with an agency which is engaged in knowingly assisting its customers obtain commercial policies when they are ineligible.

POINT DID NOT ORDER COVERAGE FOR WHICH THE INSUREDS WERE NOT ELIGIBLE

Point did not request coverage for which any of the insureds were not eligible. First, all of the insureds are validly existing entities which, under CAR Rules, are eligible for commercial policies. Rule 2 of the CAR rules of Operation defines "Commercial Motor Vehicle" as "any insurable motor vehicle not included in the definition of Private Passenger Motor Vehicle contained in Rule 22." Rule 22, in turn, defines Private Passenger Motor Vehicle as "those vehicles as defined in a Massachusetts Private Passenger Automobile Insurance Manual on file with the Commissioner." The Massachusetts Private Passenger Automobile Insurance Manual, which is published by the Auto Insurers Bureau, defines "Private Passenger Motor Vehicle" as "A motor vehicle of the private passenger or station wagon type that is owned or leased under contract for a continuous period of at least twelve months by one or more individuals, *excluding* (1) partnerships, (2) corporations, (3) unincorporated business associations, and (4) other legal

business entities with a federal employer identification numbers...” Consistent with those definitions which distinguish personal vehicles based solely on the manner of ownership, CAR’s underwriting manual for commercial insurance, the Commercial Automobile Insurance Manual, states that a private passenger motor vehicle which is owned by an entity is eligible for Commercial Motor Vehicle Insurance. Specifically, Section IV (entitled “Private Passenger Types”), Rule 61 (entitled “Eligibility”)⁴ provides that the following private passenger vehicles are eligible for a Commercial Insurance Policy:

A. Automobiles of the private passenger or station wagon type that are owned or leased under contract for a continuous period of at least twelve months by (1) partnerships, (2) corporations, (3) unincorporated business associations, or (4) other legal business entities with a federal employer identification number. This section does not apply to:

1. Automobiles that are used as a public livery or conveyance. Refer to Section V – Public Transportation of this Manual.
2. Automobiles that are rented to others without a driver. Refer to Rule 120 – Leasing or Rental Concerns in Section VII – Special Types and Operations of this Manual.

In short, if a private passenger vehicle is *owned* by an entity, it is a Commercial Motor Vehicle eligible for a commercial motor vehicle policy and not for a personal policy.

This point is illustrated quite clearly by the Yvette Soto policy (Exhibit 13). Ms. Soto’s vehicle was registered and financed in the name of her business. Even though she was willing to insure the vehicle under a personal policy and Point quoted her for the same, she was unable to do so because the finance company would not release her title. As such, she was *only* eligible for a commercial policy and Point had no option to insure her under a personal policy.

More to the point, however, Point did not have information that any of the insureds identified by Arbella were ineligible for a commercial policy -- even under Arbella’s underwriting standards. As demonstrated above, each of the customers represented to Point that they had a business and that a Massachusetts licensed operator or employee was utilizing the

⁴ The Manual is located at: <http://www.commauto.com/manuals/commauto/2016/rules/PrintableRules.pdf>

vehicle and listed on the policy. To the extent that information was false, Point was unaware that it was false and Point reasonably relied on the representations of its customers.

The Market Review Committee May Not Consider The Issues Raised By Arbella Regarding Cooperation With Its Investigation (Rule 14.B.1.1) Because Arbella Did Not Provide Notice to Point and Supporting Documentation With Its Termination Notice

The Market Review Committee may not consider Arbella's claim that Point did not cooperate with Arbella's investigation. Arbella did not provide *any* information about this claim or *any* supporting documentation with its Notice of Termination to Point. CAR Manual of Administrative Procedure Chapter III, § C.1.b provides that a Notice of Termination "must contain sufficient facts and supporting documentation to establish the basis for the termination." Arbella's Notice of Termination, however, contained no such information or documentation and, therefore, it would be error for the committee to consider this allegation. See Appeal of Calianos, Order on Agency Appeal of a Decision of CAR, November 25, 2013⁴ (Docket C2012-02, Division of Insurance), at pp. 21-25.

Point Did Not Fail to Cooperate with Arbella's Investigation⁵

Arbella's contention that Point refused to cooperate with its investigation is completely unfounded. As Arbella concedes, the meeting it discusses in support of its accusation was not part of any investigation of Arbella—*the meeting in March 2017 was requested by Point* to help Point understand what exactly Arbella needed from applicants in support of renewal applications and why it appeared that Arbella was continually changing those requirements. The parties held

⁵ Although the Market Review Committee may not consider this claim as a basis for termination and Point has had less than 48 hours to review the facts alleged by Arbella and supporting documents, Point briefly responds to the claim and reserves the right to supplement its response in the event the Market Review Committee determines to consider the issue.

a candid meeting where Point explained how they were screening out ineligible applicants who were merely going to other agencies to get insurance back in the pool. Point's representatives explained that they agreed "100%" with Arbella's objectives but that its efforts were futile because the "system is broke" and Arbella's tactics were not addressing or solving the problems in the market. They discussed the problems and Point's views about how the matters might be most effectively addressed—even asking Arbella to speak to CAR about imposing uniform standards for all servicing carriers and agents. In short, Point responded to *all of* Arbella's questions and had a frank and open dialogue. There was nothing at all that was uncooperative.

In fact, the opposite is true. Point initiated several meetings with Arbella to address the various issues and discuss problems they were experiencing, including the meeting held on March 17. Point retained business counsel who initiated meetings with Arbella to discuss and sort through underwriting and eligibility issues and procedures. From the inception of the relationship, Point has On the other hand, Arbella did not initiate any such measures to work cooperatively with Point. Arbella's single goal has been to find a way to terminate Point. In comparison, as evidenced in recent hearings and submissions before this committee, Safety Insurance and Commerce Insurance engage in constructive dialogue with their agents before issuing termination notices. For example, in the Patriot Insurance matter, Safety Insurance conducted multiple on-site audits and mailed *Five* warning letters over three months about various issues which could result in termination before issuing a termination notice. Commerce has followed a similar process with its agents before issuing termination notices. Here, Arbella has not proactively engaged with Point at all. Arbella has never audited Point or sent any warning letters or raised any red flags with Point about problems it observed. It has never even

introduced a marketing representative to Point. Instead, Arbella has conducted the relationship with the single goal of “setting up” Point for termination.

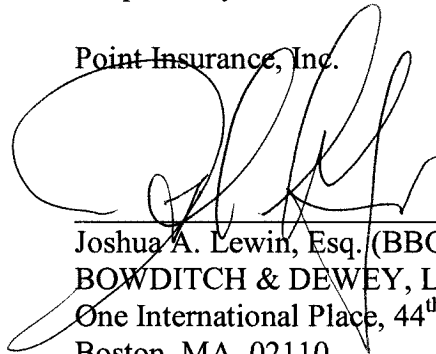
Conclusion

Point Insurance has been proactive about avoiding the problems encountered by Rapo and Jepsen, since the time it was appointed as an ERP in the summer of 2016. It has proactively reached out to Arbella on multiple occasions and had meetings to make sure that Point complied with the Arbella’s requirements and CAR Rules and to make sure that both parties were in agreement about the policies and procedures. Certainly, the parties have disagreed about what policies and procedures are consistent with CAR rules and, quite appropriately, Point has sought resolution of those disagreements through CAR and the DOI instead of violating Arbella’s policies and procedures. As is demonstrated above, Point has followed those procedures steadfastly and, as a result, has reduced the number of its commercial insureds in the residual market by nearly 75% -- cutting more than 2000 such policies in the last six months from its book of business. With regard to the fifteen (of more than 3000) policies identified by Arbella in its termination notice, the evidence demonstrates that Point did not knowingly participate, encourage or facilitate *any* fraudulent activity and did not knowingly submit any false applications or applications for coverage for which the customers were not eligible.

Accordingly, Point respectfully requests that the Committee overturn the termination as unfair, unreasonable, and improper upon such terms as the Committee deems appropriate.

Respectfully submitted,

~~Point Insurance, Inc.~~



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Date: September 7, 2017

EXHIBIT A

THROUGHOUT THE PERIOD OF JAN/01/17 TO JUL/31/2017 THERE WERE 3105 ARBELLA POLICIES IN FORCE

***IMPORTANT:** THE TOTAL AMOUNT OF
POLICIES FROM JAN/01/2017 TO JUL/31/2017
WAS 3105 ARBELLA POLICIES.

784 POLICIES WERE RENEWED BY ARBELLA

2095 ARBELLA POLICIES WERE REWRITTEN
THROUGH DIFFERENT CARRIERS WITH THE
MAJORITY GOING TO SAFETY INSURANCE.

226 POLICIES ARE UNINSURED

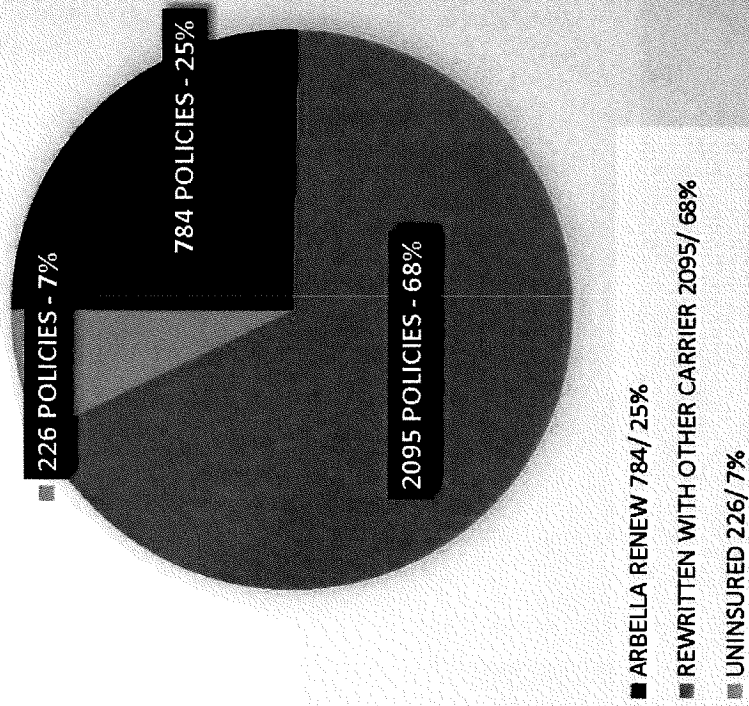


EXHIBIT A

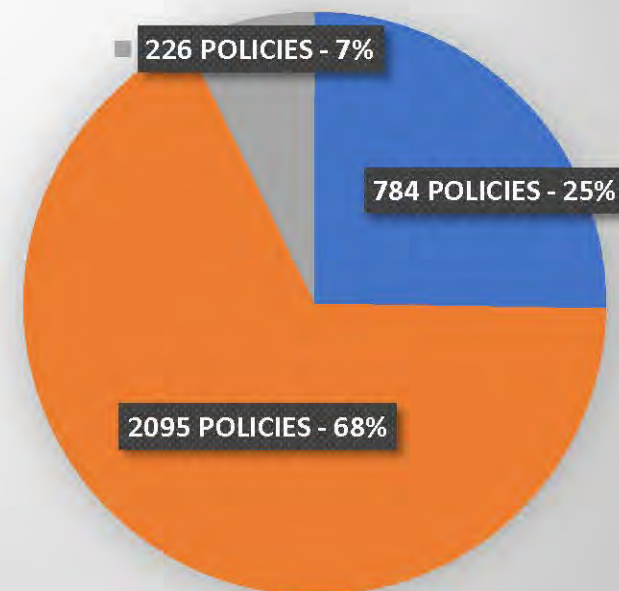
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MAJORITY GOING TO SAFETY INSURANCE.

226 POLICIES ARE UNINSURED



- ARBELLA RENEW 784/ 25%
- REWRITTEN WITH OTHER CARRIER 2095/ 68%
- UNINSURED 226/ 7%

EXHIBIT 1

Safe Stone Masonry

SAFE STONE MASONRY CORP.

FACTS

1. THE CORPORATION WAS SETUP ON **NOVEMBER 16th, 2013**, POINT INSURANCE DID NOT SET UP THE CORPORATION FOR THE INSURED. THE INSURED CAME TO RAPO AND JEPSEN IN 2015.
2. THE INSURED HAD THREE OTHER COMMERCIAL AUTO POLICIES THROUGH OTHER CARRIERS PRIOR TO BEING WRITTEN WITH ARBELLA THROUGH RAPO AND JEPSEN.
3. RE-WRITE APPLICATION SIGNED BY THE INSURED ON **NOVEMBER 2nd, 2016**.
4. THE INSURED SIGNED AN UNDISCLOSED DRIVER CERTIFICATION STATEMENT ON **NOVEMBER 2nd, 2016**.
5. THE INSURED SIGNED FORM WITH REQUEST TO ADD REYMON R. SILVA AS OFFICER OF THE BUSINESS ON **NOVEMBER 2nd, 2016**.
6. THE INSURED PRINTED DETAILS OF THE USE OF THE VEHICLES WITHIN HIS BUSINESS AND SIGNED A BUSINESS USE COMPLIANCE CERTIFICATE ON **MARCH 7th, 2017** REAFFIRMING THE EXISTENCE OF HIS BUSINESS AND USE OF THE VEHICLES.
7. PER RULE 61 THE VEHICLES ON THE POLICY ARE ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

1. **MR. SPELLMAN STARTS OFF BY ASKING MR. DE MATOS IF HE HAD A SOCIAL SECURITY NUMBER, AND IF HE HAD AN ACTIVE VISA, OR IF HE WAS A PERMANENT RESIDENT ALIEN. THIS TACTIC WAS OBVIOUSLY DESIGNED TO FRIGHTEN THE INSURED WITH REGARD TO HIS IMMIGRATION STATUS AND COERCE THE INSURED INTO PROTECTING HIMSELF. FROM THAT POINT, THE INSURED GAVE ELUSIVE AND EVASIVE AND CONTRADICTORY ANSWERS.**
2. **THE INSURED SAYS HE WAS INVOLVED IN ANOTHER BUSINESS CALLED SILVA STONES, PRIOR TO GOING INTO BUSINESS FOR HIMSELF. HE STATES THAT HE DOESN'T KNOW THE NAME OF HIS PRIOR BUSINESS PARTNER.**
3. **THE INSURED DOESN'T REMEMBER "ANGELA'S" LAST NAME OR BUSINESS NAME ALTHOUGH HE SAYS ANGELA WAS THE ONE WHO SET THE BUSINESS UP FOR HIM AND SAYS SHE A "GOOD FRIEND" OF HIS FATHER. HE BARELY KNOWS THE NAME OF HIS OWN FATHER'S BUSINESS, OR HIS FATHER'S BUSINESS PARTNER. HE SAYS HE WORKED FOR A CAR DEALERSHIP IN MALDEN, BUT CANNOT RECALL THE NAME OF THE BUSINESS HE WORKED FOR. HE GOES ON TO SAY THAT HE DOESN'T CHARGE HIS FRIENDS TO HAVE THEIR CARS ON HIS POLICY, BUT THEN ADMITS HE CHARGES THEM MORE EVERY MONTH TO PAY FOR HIS PART OF THE INSURANCE PREMIUM.**
4. **THE INSURED SAYS HE WORKED AT CARWAY AUTO CENTER IN LOWELL, WHERE HE STATES THE FOLLOWING; "WE ARE ABLE TO HELP THEM GET THE CAR INSURED", BUT LATER WHEN SIU ASKS HIM IF HE WAS "HELPING THEM OBTAIN INSURANCE FOR THE VEHICLES" THE INSURED ANSWERS "NO. NO. NEVER", "NEVER. NEVER TRIED THAT", "SO THE INSURANCE, I WOULDN'T DO ANYTHING".**
5. **THE INSURED STATES THAT HE SET UP THE BUSINESS SO THAT HE COULD HAVE A LIABILITY POLICY TO DO A JOB IN WELLESLEY. LATER IN THE SIU INTERVIEW HE STATES THAT THE ORIGINAL REASON FOR OPENING A COMMERCIAL AUTO POLICY WITH ANGELA WAS BECAUSE HE DIDN'T HAVE A DRIVER'S LICENSE.**
6. **THE INSURED STATES THAT HE HELPS HIS FRIEND DEBRA CALAVANTI AND DOUGLAS BARBOSA WITH INSURANCE BECAUSE THEY DON'T HAVE A LICENSE, THIS BEING AT NO CHARGE. LATER HE ADMITS THAT HE HAS THEM PAY MORE TOWARDS THE POLICY MONTHLY SO THAT IT OFFSETS A PART OF HIS BILL.**
7. **THE INSURED STATES THAT OUR AGENT HAD SAID THE DRIVER HAD TO BE AN "OFFICER OR DRIVER", MEANING HE UNDERSTOOD THE PERSON HAD TO BE INVOLVED WITH HIS BUSINESS, NOT JUST A RANDOM PERSON OR FRIEND. THE INSURED DID NOT INFORM US THAT REYMON WAS NOT PART OF THE BUSINESS. INSTEAD HE REQUESTED THAT REYMON R. SILVA BE ADDED AS A CORPORATE OFFICER AND DRIVER.**
8. **REYMON R. SILVA STATES HE WAS NOT AWARE OF HIS INVOLVEMENT IN THE BUSINESS OR INSURANCE POLICY, BUT OUR AGENT WITNESSED THE CONVERSATION WHERE MR. DE MATOS CALLS HIM TO REMIND HIM TO SEND A COPY OF THE DRIVER'S**

LICENSE, MEANING THEY HAD ALREADY SPOKEN ABOUT IT AND HE HAD ALREADY AGREED TO PROVIDE HIS LICENSE BEFORE MR. DE MATOS EVEN CAME IN TO OUR OFFICE. HE PROVIDED THE DRIVER'S LICENSE PHOTO TO MR. DE MATOS VIA TEXT MESSAGE AND MR. DE MATOS E-MAILED IT TO OUR AGENT. FRANKLY, WHY WOULD ANYONE GIVE OUT THEIR LICENSE INFORMATION WITHOUT KNOWLEDGE OF WHAT IT WAS FOR?

9. REYMON R. SILVA STATES THAT HE DOESN'T KNOW RONAIR CALDEIRA MARTINS, WHICH IS AN ODD STATEMENT. HIS LICENSE IS LISTED UNDER THAT INSURED'S POLICY AS WELL. OUR AGENT DID NOT PUT THE LICENSE OF MR. REYMON R. SILVA ON RONAIR CALDEIRA MARTINS' POLICY WITHOUT PERMISSION. RONAIR R. SILVA PROVIDED REYMON R. SILVA'S LICENSE TO RAPO AND JEPSEN INSURANCE ON NOVEMBER 13TH, 2013 AND SIGNED A STATEMENT THAT SAYS REYMON R. SILVA IS A HELPER AND DRIVER FOR HIS COMPANY. (SEE ATTACHED)

POINT INSURANCE

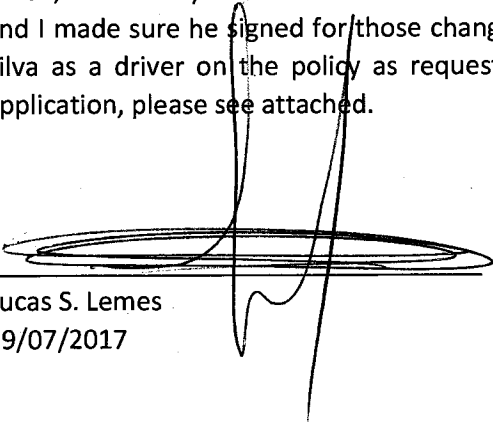
Lucas S. Lemes

Re: Safe Stones Masonry Corporation

To whom it may concern,

This letter will serve as a written statement detailing the conversations that took place in our Lowell office with Mr. Douglas De Matos. This statement will also clarify the inconsistencies of Mr. Douglas De Matos' responses throughout the interview with Mr. Edward Spellman.

First, I'd like to state that this Corporation was not setup by me or anyone else in our agency. The insured came to us with all corporate paperwork, which was setup with the previous agent "Angela", and requested a commercial auto insurance policy. We did not instruct him to do so, and we simply setup a commercial auto policy as he asked as we had no reason to not write the policy at the time. Later on, due to lack of payment, the insured's policy was cancelled, therefore, causing the need for a re-write. The insured was certain that he wanted to maintain his vehicles under a commercial auto policy, therefore, I quoted a new policy and RMV fees and gave the insured the numbers. I also mentioned to him that due to Arbella's guidelines at the time, the only way a policy would be written and accepted would be if one of the officers or drivers of the business had a Massachusetts license. He was not happy with the price or the new guidelines, therefore, he decided to go shopping for a new policy elsewhere. Some days later, he came back stating that he did not find a better price elsewhere, and that he wanted to move forward with my quote and that he had a Massachusetts license, which belonged to Reymon R. Silva, to add on to the policy. He also asked me to add that gentlemen on to the board of his business as a Vice President. He sent me a copy of the license provided by Mr. Silva, I cropped out the background and that was it. Because I heard Mr. De Matos on the phone with Mr. Silva and saw him receiving the text message with the license photo, I had no reason to doubt that Mr. Silva was fully aware of the entire situation. Who would simply send out a copy of their license without knowing exactly what it was for? Therefore, I did exactly as he asked, I added Reymon R. Silva as board member, because Mr. De Matos did not know how to do it himself and I made sure he signed for those changes, please see signed form attached. I also listed Reymon R. Silva as a driver on the policy as requested by Mr. De Matos, and Mr. De Matos signed the policy application, please see attached.



Lucas S. Lemes
09/07/2017

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Morning Meeting with Hillary Chabot, Jadyin Cashman, Tom Shattuck

LISTEN LIVE

WATCH LIVE

Lowell man charged with OUI in fatal river crash

Marie Szaniszto Tuesday, August 15, 2017



Credit: Herald Pool

IN CUSTODY: An officer attaches cuffs to Douglas Dematos' ankles while his attorney, Frances Dallmeyer, right, and Assistant District Attorney Ashlee Mastrangelo, left, look on during his arraignment at Lowell General Hospital yesterday.

HERALD COLUMNISTS



JOE BATTENFELD
Battenfeld: Address a step in right direction



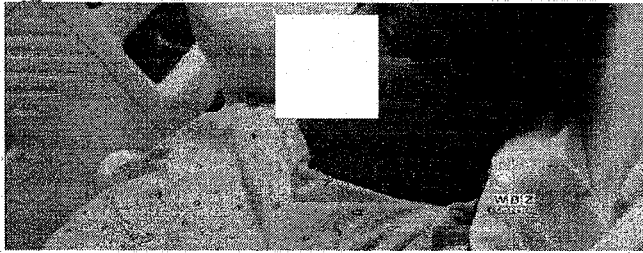
MICHAEL GRAHAM
Graham: Silencing speech no act of courage

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Authorities have recovered what they believe to be the body of a 16-year-old Lowell girl who was thrown into the Merrimack River Sunday night when the personal watercraft she was riding was hit from behind by another one operated by an alleged drunken driver.

Body Found in Merrimack River After Jet Ski Crash; Man Charged With OUI

CBS Boston



Middlesex District Attorney Marian T. Ryan declined to identify the victim, pending positive identification by the Office of the Chief Medical Examiner.

But the injured driver of the second vehicle, Douglas Dematos, was arraigned yesterday afternoon in his room at Lowell General Hospital on charges of operating a watercraft under the influence of an intoxicating liquor, negligent operation of a motor boat, operating a watercraft at night, operating an unregistered motorboat, operating at night without navigation lights and operating too close to another vessel.

"We'll be relooking at those charges obviously in light of what's taken place here this morning," Ryan said yesterday at a press conference by the Chelmsford boat launch shortly after the body was found.

Assistant District Attorney Ashlee Mastrangelo recommended \$15,000 bail, but Judge Stacey Fortes set it at \$7,500 — an amount Dematos' attorney, Frances Dallmeyer, said her client, an unemployed carpenter, would not be able to make.

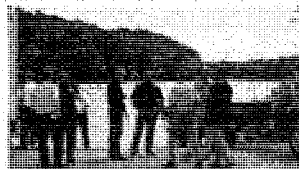
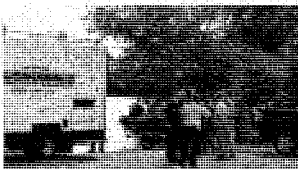
"He's every remorseful," Dallmeyer said. "He doesn't remember a lot of what happened."

Fortes also ordered the defendant to stay away from alcohol and to submit to random screens.

Chelmsford police responding to a 10:34 p.m. report Sunday of a disturbance at the boat ramp learned the crash had taken place about a half-hour earlier, more than two hours after sunset, the cutoff for operating a water scooter.

Officers found Dematos, 32, of Lowell and the 19-year-old operator of the vehicle the girl had been riding, according to a police report. Both men showed signs of being impaired and are believed to know each other, authorities said.

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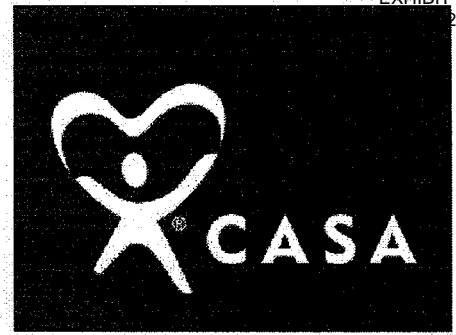
Lowell man charged with OUI in fatal river crash

Police: Man charged in jet ski crash, search for missing teen continues

Officers who tried to interview Dematos to narrow the search area for the victim said he was extremely unsteady on his feet, his speech was slurred, and his eyes were glassy and bloodshot — observations his lawyer later suggested could have been due to a head injury. But Mastrangelo noted that he also reeked of alcohol, according to police.

Dematos has five prior cases in Lowell District Court — four for driving with a suspended license and one for driving an unregistered motor vehicle.

State, local and environmental police and fire departments searched for the girl until early yesterday morning and resumed the search at about 5:30 a.m. The body was discovered at 10 a.m.



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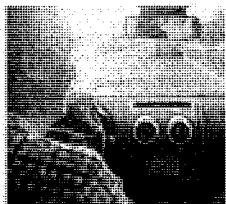
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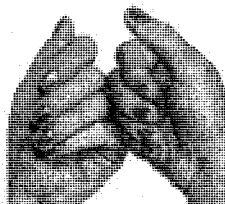
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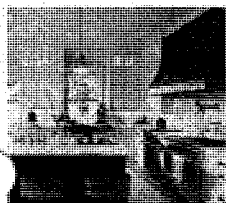
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Veggie Bullet



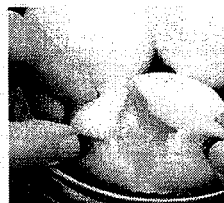
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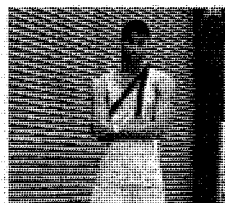
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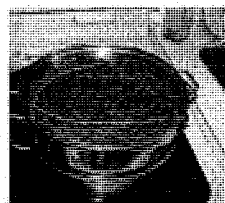
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This Week's Circulares

<p>PETSMART back-to-school Small pet to big pet, give your kids with hard-to-learn lessons. This is essential. It's time to spend time with your pet. Get your pet's supplies at PetSmart.</p> <p>buy any CutterTrak</p> <p>HOVER FOR CIRCULAR</p> <p>PETSMART</p>	<p>DICK'S BEST PRICE MERRIMACK CIRCULAR 39% OFF 44% OFF</p> <p>HOVER FOR CIRCULAR</p> <p>DICK'S</p>
<p>FAMILY DOLLAR CATCH THE BUS TO SAVE \$5 OFF ALL items (excl. alcohol)</p> <p>HOVER FOR CIRCULAR</p> <p>FAMILY DOLLAR</p>	<p>Popcorn HOVER FOR CIRCULAR</p> <p>Popcorn</p>



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 103 COMMONWEALTH AVE BOSTON MA 02215 Lucas Lemes		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): 6173816240 FAX (A/C, No): E-MAIL ADDRESS: lucas@pointinsure.com CODE: SUB CODE: 0134		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		TRUCKERS/MOTOR CARRIER	
				GARAGE AND DEALERS	
				VEHICLE SCHEDULE	
				BOILER & MACHINERY	
				WORKERS COMPENSATION	
				UMBRELLA	

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN
CHANGE	DATE	TIME	11-02-2016	11-02-2017	X DIRECT BILL
CANCEL					AGENCY BILL
					No Audit

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) SAFE STONES MASONRY CORPORATION	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) [REDACTED]
FEIN OR SOC SEC # (of First Named Insured): 46-[REDACTED]	PHONE (A/C, No, Ext):
E-MAIL ADDRESS(ES):	WEBSITE ADDRESS(ES):
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER 'S' CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LLC <input type="checkbox"/> CR BUREAU NAME <input type="checkbox"/> ID NUMBER
INSPECTION CONTACT: DOUGLAS DEMATOS	ACCOUNTING RECORDS CONTACT: DOUGLAS DEMATOS
PHONE (A/C, No, Ext): [REDACTED]	E-MAIL ADDRESS: [REDACTED]
PHONE (A/C, No, Ext): [REDACTED]	E-MAIL ADDRESS: [REDACTED]

PREMISES INFORMATION										
IC #	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) MASONRY SERVICES
--

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
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).
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:
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)
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, TN and VA, insurance benefits may also be denied).

I, 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 11-02-16	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER
---------------------------	------------------	--------------------------	--------------------------

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
						COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE	
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 \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS		62		67	SCL	FT	LSP
		67		YOURSELF	YOURSELF AND FAMILY MEMBERS			63		66	F	FTW	
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY		61	64	71	EACH ACCIDENT \$	OPTIONAL COLLISION		62		67		\$	
		62	67						63				66
		63	68						64				
OPTIONAL MEDICAL PAYMENTS		62	64		EACH PERSON \$	OPTIONAL TOWING & LABOR		63			\$		
COMPULSORY UNINSURED MOTORIST		62	66		CSL	BI EA PER \$	TRAILER INTERCHANGE						
		63	67		BI EACH ACCIDENT \$	PROPERTY DAMAGE \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
		64					OPTIONAL COMPREHENSIVE	69					
OPTIONAL BODILY INJURY TO OTHERS		61	64	71	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	69					
		62	67		BI EACH ACCIDENT \$		OPTIONAL COLLISION	69					
		63	66		MOTORCYCLE GUEST OCCUPANT EXCLUSION			69					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE	IF ANY BASIS							
OPTIONAL TRUCKERS HIRED/BORROWED	NO	STATES			COST OF HIRE	IF ANY BASIS							
OPTIONAL NON-OWNED AUTO LIABILITY		STATES			GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	YES			EMPLOYEES									
	NO			VOLUNTEERS									
OTHER					PARTNERS								
COVERED AUTO SYMBOLS													
(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.

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
	11-02-16		

IMPORTANT NOTICE

IT IS VERY IMPORTANT THAT YOU READ THE FOLLOWING INFORMATION VERY CAREFULLY BEFORE ATTESTING TO THE STATEMENT BELOW

UNDISCLOSED DRIVER CERTIFICATION

I hereby certify that I have listed on my application all relatives living in my household. I hereby certify that I have listed on my application any operators of the insured vehicle(s), whether or not they live in my household, with the exception of residents that are either:

- 1) Not of driving age; or
- 2) Maintain their own personal automobile insurance (proof attached or previously provided).

I also certify that other than those listed as drivers on my insurance application, there are no other person(s) whether living in my household or not (i.e. children, parents, relatives, friends, roommates etc.) who have regular use of any vehicle(s) insured under my policy.

I understand that the Company may not provide coverage under this policy if I make any fraudulent statements or engage in fraudulent conduct or make any material misrepresentation in connection with obtaining a policy with the company or in seeking coverage for any accident or loss under this policy.

I further understand that if it is determined that I have failed to provide information regarding any additional resident relatives or regular operators of the vehicles insured under the policy, or if I have provided false information, the Company can deny coverage for any claims made as a result of an accident and the Company may void the policy.

Douglas C. Matos

Insured Name



Insured Signature

11-02-16

Date

Lucas Lemes

Agent Name



Agent Signature

11-02-16

Date

POINT INSURANCE

Questions to ask in order to request 147C Letter or Add/Remove Officers

PROVIDE PERSONAL INFORMATION BELOW;

FULL NAME OF OWNER/PRESIDENT (as written on SSN/ITIN): **DOUGLAS C MATOS**

PHONE #: [REDACTED]

DATE OF BIRTH: [REDACTED]

SSN OR ITIN:

MONTH/YEAR SSN/ITIN ISSUED:

DID TAXPAYER DO LAST YEAR'S TAX RETURN? :

CIVIL STATUS ON LAST TAX RETURN:

IF MARRIED PLEASE LIST SPOUSE BELOW;

SPOUSE'S NAME:

SPOUSE'S DATE OF BIRTH:

IF ANY DEPENDENTS PLEASE LIST BELOW;

DEPENDENT'S NAME:

DEPENDENT'S DATE OF BIRTH:

DEPENDENT'S NAME:

DEPENDENT'S DATE OF BIRTH:

DEPENDENT'S NAME:

DEPENDENT'S DATE OF BIRTH:

PROVIDE COMPANY INFORMATION BELOW;

COMPANY NAME: **SAFE STONES MASONRY CORP**

MONTH/YEAR THE COMPANY OPENED: **11/2013**

EIN: **46-4112631**

COMPANY'S PREVIOUS ADDRESS: [REDACTED] **LOWELL, MA 01852**

COMPANY'S NEW ADDRESS:

ANY OTHER ADDRESSES IN THE PAST 3 YEARS? IF SO, LIST BELOW;

IF ADDING/REMOVING OFFICERS PROVIDE INFORMATION BELOW;

OFFICER'S NAME: **REYMON R SILVA**

OFFICER'S ADDRESS: [REDACTED] **LOWELL, MA 01851**

ADD _____ REMOVE _____

OFFICER'S NAME:

OFFICER'S ADDRESS:

ADD _____ REMOVE _____

SIGNATURE OF OWNER/PRESIDENT: 

DATE: 11/02/16



Business Use Compliance

I, Douglas C. deMales recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

Sale Stores Masonry Corporation
use cars to travel and work.
Pick up jobs and resolve any other
issues that it to be resolved as
business matter. Or personal matter.

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

No

DHG
Signature

03/07/17
Date

(9)
Ph

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***

NOVEMBER 13, 2013

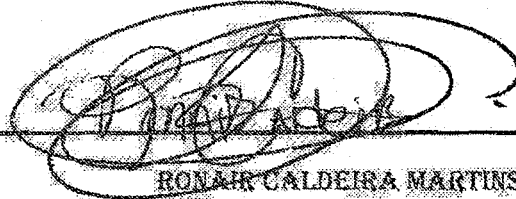
To Whom it may concern

I RONAIR MARTONS, Owner of DBA: MARTINS CARPENTRY CLEANING

informed that

REYMON R SILVA License Number: [REDACTED] is a helper and also the driver for my company.

Thank you



RONAIR CALDEIRA MARTINS



EXHIBIT 2

VH Improvement/Marcelo Dos Santos

VH IMPROVEMENT INC.

FACTS

1. THE CORPORATION WAS SETUP ON **OCTOBER 19th, 2011**, POINT INSURANCE DID NOT SETUP THE CORPORATION FOR THE INSURED.
2. VH IMPROVEMENT HAD MULTIPLE COMMERCIAL AUTO AND WORKER COMPENSATION POLICY WITH OTHER CARRIERS BEFORE ARBELLA. (SEE ATTACHED)
3. MARCELO SANTOS, PRESIDENT OF VH IMPROVEMENT REQUESTED TO HAVE HIS EMPLOYEE, ROBERT FOLEY TO BE ADDED TO THE POLICY THE DAY HE OPENED THE POLICY ON DECEMBER 22, 2016. HE SIGNED THE APPLICATION AND BUSINESS USE COMPLIANCE FORM. (SEE ATTACHED)
4. INSURED'S BUSINESS CARD ALONG WITH HIS DEBIT CARD SHOWING HIS BUSINESS NAME WAS PROVIDED TO ARBELLA DURING SIU INTERVIEW. (SEE ATTACHED)
5. PER RULE 61 THE VEHICLES ON THE POLICY IS ONLY ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. (SEE ATTACHED)

SIU INTERVIEW CONTRADICTIONS

1. **THE INSURED STATES THAT OUR AGENT DID REQUEST A MASSACHUSETTS DRIVER'S LICENSE FROM ONE OF THE EMPLOYEES OF THE BUSINESS THAT HAD ACCESS TO THE BUSINESS' VEHICLES.**
2. **THE INSURED SAID HE CAME INTO THE OFFICE TWICE ON THE SAME DAY, THE SECOND TIME TO DROP OFF THE EMPLOYEE'S LICENSE INFORMATION. HE E-MAILED IT INSTEAD. (SEE ATTACHED)**
3. **THE INSURED STATES THAT OUR AGENT TOLD HIM TO "PUT ANOTHER LICENSE ON THE POLICY", WHAT OUR AGENT DID TELL HIM WAS THAT DUE TO THE FACT OF THERE BEING MORE THAN ONE VEHICLE ON THE POLICY, IT WOULD BE RECOMMENDED TO HAVE ADDITIONAL DRIVERS IF THERE WERE ANYONE ELSE DRIVING THE OTHER VEHICLES ON A CONSISTANT BASIS.**
4. **ON 7/26/2017 MARCELO SANTOS CAME INTO POINT INSURANCE TO MAKE A CHANGE TO HIS POLICY AND FILLED OUT A COVERAGE CHANGE REQUEST FORM. THIS IS AFTER HE WAS INTERVIEWED BY ARBLLA SIU AND CONFIRMED IN WRITING THAT ROBERT FOLEY IS AN EMPLOYEE AND A DRIVER FOR VH IMPROVEMENT.**

POINT INSURANCE

Andre-Luiz Ribeiro Silva

191 Concord St

Framingham, MA 01702

P: 508-875-5600 x312

RE: VH IMPROVEMENT INC

To whom it may concern,

I am writing this statement to clear some points made by Marcelo De Santos, owner of the corporation listed above, regarding an interview he has done with an Arbella SIU rep.

In his interview, Mr. DosSantos says that I asked him for a bunch of documents, he was referring to proof of business for his company that I requested so we could prove to Arbella the existence and legitimacy of that business per their own requirements. Also, he says I told him that I needed a Massachusetts operator listed on the policy, which in fact I did, the part that is not accurate is when he says I told him it could be an employee or a friend, I told him that since he did not have Massachusetts license of his own, we could list one of his employees that operates one of his vehicles. Mr. DosSantos also affirms he came into the office twice the same day one being in the afternoon, when the exhibit attached shows the time he sent an e-mail with the operator's license being at 11:45AM.

Another points Mr. DosSantos touches with the interviewer is that I asked him to "put another license in the policy", what I told him was, since he had more than one vehicle, if there is a frequent operator of one of those vehicles for them to be listed on the policy as well.

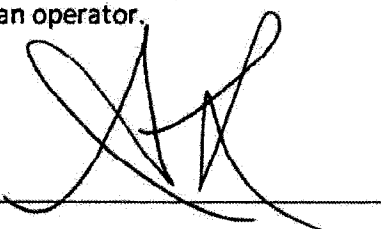
There is also some discussion about addresses discrepancies, per the articles of corporation at the time and the registry inquiry done by me, the address on file was xxxxxxx Framingham, MA 01702, Mr. DosSantos told me he had a new address, which I listed on the policy, being 802 xxxxxx Framingham, MA 01702.

Later in his statement Mr. DosSantos reaffirms that I told him that he could list an employee that works for him on the policy which is true, what is not genuine is when he says "if you have a friend too, that's fine."

Mr. DosSantos later when asked again says that I told him that needed to be someone that worked for him or if he had someone with a driver's license, he again misses the point, I never

suggested it could have been anybody such as a friend, I strongly affirmed It needed to be an employee of his company or an operator of the vehicle.

As far as Mr. Foley statements I can't say anything because I did not meet with him, nor had any contact, I trusted Mr. DosSantos affirmation of him to be the employee he was listing on the policy as an operator.

X: 

Andre-Luiz R Silva

09/07/2017

COVERAGE CHANGE REQUEST

Policyholder: VH IMPROVEMENT INC

Insurance Carrier: ARBELLA INSURANCE

Policy Number: [REDACTED]

Change Effective: 07/26/2017

I Manuelo Santos, PRESIDENT/OWNER OF VH IMPROVEMENT
INC ASSURE AND ACKNOWLEDGE THAT ROBERT E. FOLEY IS A DRIVER AND
EMPLOYEE OF MY COMPANY AND SHOULD BE LISTED SO ON THIS POLICY. HE IS
TASKED WITH DRIVING THE 2015 CHEVROLET SILVERADO (VIN#:
1GC2KUEG2FZ547632) & THE 2006 CHEVROLET EXPRESS (VIN#:
1GCGG25V161167626) TO WORK AND JOB SITES. THE RECENTLY ADDED 2008
HYUNDAI SANTA FE (VIN#: 5NMSH73E668H198936) IS FOR PLEASURE USE.

INSURED:

Manuelo Santos

DATE: 07/26/17



Date Last Updated: 8/16/2017

Workers' Compensation Proof of Coverage - Employer Details

Search Name: VH IMP
 Employer: VH IMPROVEMENT INC
 Address: [REDACTED]
 City/Town: FRAMINGHAM, MA 01701

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	12/02/2015	05/14/2016

Back To Results

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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 employee(s) 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).

COVERAGE CHANGE REQUEST

Policyholder: VH IMPROVEMENT INC

Insurance Carrier: ARBELLA INSURANCE

Policy Number: [REDACTED]

Change Effective: 07/26/2017

I Marcelo Santos, PRESIDENT/OWNER OF VH IMPROVEMENT
INC ASSURE AND ACKNOWLEDGE THAT ROBERT E. FOLEY IS A DRIVER AND
EMPLOYEE OF MY COMPANY AND SHOULD BE LISTED SO ON THIS POLICY. HE IS
TASKED WITH DRIVING THE 2015 CHEVROLET SILVERADO (VIN#:
1GC2KUEG2FZ547632) & THE 2006 CHEVROLET EXPRESS (VIN#:
1GCGG25V161167626) TO WORK AND JOB SITES. THE RECENTLY ADDED 2008
HYUNDAI SANTA FE (VIN#: 5NMSH73E668H198936) IS FOR PLEASURE USE.

INSURED: *Marcelo Santos*

DATE: 07/26/17

Andre Silva

From: vitorhomeimprovement@gmail.com
Sent: Thursday, December 22, 2016 11:45 AM
To: andre@pointinsure.com
Subject: Vh improvement inc
Attachments: IMG_0856.JPG; Untitled attachment 00227.txt

MASSACHUSETTS

DRIVER'S LICENSE

USA MA



4d NUMBER

9a END

NONE

4a ISS

07-08-2011

4b EXP

07-08-2016

3 DOB

[REDACTED]

CLASS

REST

NONE

15 SEX

M

16 HGT

5-00

1788
1 FOLEY
2 ROBERT E

[REDACTED]

John S. Foley

5 DD 07-11-2011 Rev 07-15-2009

0277

07-08-2011

Reference# CA-NB-65382

Submitted Date



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
12-22-2016

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Andre Silva		CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.
PHONE (A/C No, Ext): 5088755600 FAX (A/C No): E-MAIL ADDRESS: andre@pointinsure.com CODE: SUB CODE: 0127 AGENCY CUSTOMER ID:		POLICIES 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

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
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	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
	PROPOSED EFF DATE 12-22-2016	PROPOSED EXP DATE 12-22-2017	BILLING PLAN X DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT No Audit

NAME (First Named Insured & Other Named Insureds) VH IMPROVEMENT INC		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 802 EDGEHILL RD FRAMINGHAM MA 01701			
FEIN DR SOC SEC # (of First Named Insured): 45- 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 NOT FOR PROFIT ORG <input type="checkbox"/> LLC <input type="checkbox"/>	CR BUREAU NAME ID NUMBER	DATE BUS STARTED		
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: MARCELO B. DOSSANTOS			
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
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> 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 ?			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					
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X						
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			X					
4. ANY CATASTROPHE EXPOSURE?			X		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			X
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			X	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			X	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			X	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			X	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 819 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 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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.								
APPLICANT'S SIGNATURE 		DATE 12/22/16	PRODUCER'S SIGNATURE			NATIONAL PRODUCER NUMBER		

Reference# CA-NB-65382

Submitted Date

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE							
	61	62	63	64	65	66	67	68	69	70	71	72	73
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 <input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS <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"/>									
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 <input type="checkbox"/>	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 \$								
OPTIONAL BODILY INJURY TO OTHERS	<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"/>	BI EACH ACCIDENT \$								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTORCYCLE GUEST OCCUPANT EXCLUSION								
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE <input type="checkbox"/>	IF ANY BASIS							
	<input type="checkbox"/>	NO			\$								
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE <input type="checkbox"/>	IF ANY BASIS							
	<input type="checkbox"/>	NO			\$								
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE	NUMBER OF							
	<input type="checkbox"/>	NO			EMPLOYEES								
	<input type="checkbox"/>				VOLUNTEERS								
OTHER													

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

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 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 <i>[Signature]</i>	DATE 12/22/16	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
---	------------------	----------------------	--------------------------

12/22/2016 11:43

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
POLICY HISTORY SCREEN

UGU3040

FUNCTION: **JPH** MSG: **END OF SET ENCOUNTERED-NO MORE RECORDS** PG 01

PH LIC #: [REDACTED] ST: [REDACTED] TOTAL UNPAID: \$ **639**

FID #: **45** [REDACTED] CORP: **VH IMPROVEMENT INC**

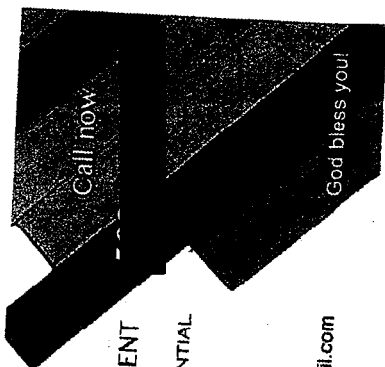
NAME L: [REDACTED] F: [REDACTED] M: [REDACTED] DOB: [REDACTED]
MAIL ADDR: [REDACTED] CITY: **FRAMINGHAM** ST: **MA** ZIP: **01701-3453**

BLDG/APT: [REDACTED]

P	INS	CO	T	CODE	POLICY	NUMBER	EFF	DATE	EXP	DATE	EFF	DATE	STATUS	CODE	UNPAID	PREMIUM
C	279	[REDACTED]					08/27/2014	08/27/2015	02/26/2015	EXPI						
C	279	[REDACTED]					10/19/2011	10/19/2012	08/23/2012	EXPI						
C	279	[REDACTED]					10/19/2012	10/19/2013	05/20/2013	CANC					639 +	
C	887	[REDACTED]					09/02/2016	09/02/2017	09/02/2016	ACTV						
C	887	[REDACTED]					09/02/2015	09/02/2016	09/02/2015	EXPI						

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.

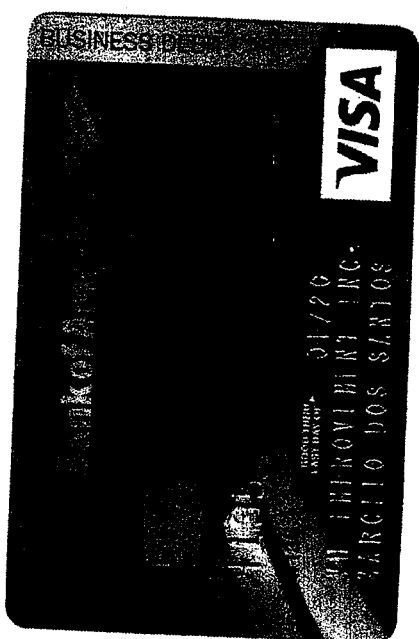
Copyright © 2016 Arbella Mutual Insurance Company



VH IMPROVEMENT

• COMMERCIAL • RESIDENTIAL
FULLY INSURED

vitorhomeimprovement@gmail.com



Business Use Compliance

I, MARCELO B DOSSANTOS, recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

BUSINESS USE FOR MY COMPANY VH IMPROVEMENT INC

2015 CHEVROLET SILVERADO (1GC2KUEG2FZ547632)

2014 CHEVROLET TRAVERSE (1GNKVHKD6EJ161986)

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

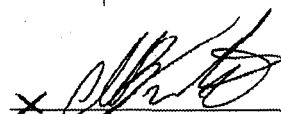
Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

No


Signature

12/22/2016
Date

5
H 

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***

EXHIBIT 3

Chun Restaurant Maintenance

ROBERTO ESCALANTE-CHUN

FACTS

- 1- POINT INSURANCE DID NOT OPEN THE BUSINESS FOR THIS INSURED.
- 2- ON **01/04/2017** THE INSURED SIGNED THE RENEWAL APPLICATION UNDER THE PAINS AND PENALTY OF PERJURY AFTET REVIWING EVERY QUESTION AND ANSWER ON THE FORM.
- 3- PER RULE 61 THE VEHICLES ON THE POLICY ARE ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

- 1- THE INSURED SIGNED THE RENEWAL FORM UNDER THE PAINS AND PENALTY OF PERJURY WHERE IT CLEARLY STATES HE HAS A “RESTAURANT MAINTENANCE” BUSINESS. HIS STATEMENTS TO MR. SPELLMAN THAT HE HAS NO SUCH BUSINESS ARE INCONSISTENT WITH THE INFORMATION PROCIDED TO POINT.

POINT INSURANCE

JESSICA FERNANDES

ROBERTO ESCALANTE-CHUN
DBA: CHUN RESTAURANT MAINTENANCE

TO WHOM IT MAY CONCERN:

This letter is to provide an explanation of an interview made by Ed Spellman on January 24, 2017 with our customer Roberto Escalante-Chun Policy# [REDACTED] commercial auto policy opened on 01/27/2016.

As Mr. Escalante-Chun stated on his interview with Ed Spellman from Arbella Investigation Unit, he came into the Lowell office located at 724 Chelmsford St in Lowell, MA 01851 with the Arbella nonrenewal application. Mr. Escalante-Chun stated on page 6 of the interview that he didn't circle anything where it ask "DO YOU WORK FOR OTHERS?" that is not true. When I was helping him fill out the application he told me he had a par-time job at this restaurant as a cooker but his main business was as a restaurant maintenance guy. He told me he had one employee.

In his interview, Mr. Escalante-Chun stated that he signed the renewal application but that I didn't explain to him what he was signing. This is an absurd statement. Since we were filling out the nonrenewal application together I went over every question with Mr. Escalante-Chun. On page 9 of the interview Mr. Escalante-Chun said he came into Lowell office and then I send him over to Everett maybe he misunderstood me, what I told him was we have another location in Everett, MA which was much closer to his house. Mr. Escalante-Chun towards the end of the interview mentioned that the name of our agency changed but I told him that even though the name changed we were still his insurance agency.



Jessica Fernandes

09/07/2017

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174



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

How is your vehicle used in business? Service

Do you have your own business? (Y) N OR (N) Y If yes please provide:
Employer Name: N/A Address: N/A Phone: N/A

If you have your own business, what is the address for your principal place of business?
[REDACTED] Lynn MA 01902

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? 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: _____

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

Date of this notice: 01-25-2016

Employer Identification Number:
81 [REDACTED]

Form: SS-4

Number of this notice: CP 575 G

ROBERTO ESCALANTE-CHUN
CHUN RESTAURANT MAINTENANCE
[REDACTED]

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. 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.



home applications overview

Enter

Home/URI

AVC Registry Access

01/04/2017 10:04 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060
REGISTRATION/TITLE INQUIRY

FUNCTION: MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: REG#: CLR: VIN#: TTL#: -E

LIC #1 : LIC #2 : FID#:

LESSEE : RMV-1 BATCH #: 01602867630101

OWNER1 NAME : DOB:

OWNER2 NAME : DOB:

CORP/CO NAME: ROBERTO ESCALANTE CHUN

MAIL ADDR : CITY: LYNN ST: MA ZIP: 01902-3748

BLDG/APT : REG ONLY MAIL: N

RESID ADDR : CITY: ST: ZIP:

BLDG/APT : GARAGE: LYNN

REG STATUS-DT: ACTV/ - 01/28/2016 REG EFF DT: 01/28/2016

LIFE PD: N STKR#-DT: 171298650 - 02/08/2016 INSP RSLT: P REG EXP DT: 10/2017

2010 TOYT RAV4 MODEL#: 4452 STYLE: WAGON CLR: WHITE /

CYL: 4 PASS: 5 DOORS : 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 OD: 0089697 N/U: U PREV TTL ST/#: MA BM560657

TTL TYPE: C BRAND: REASON CD: TTL RTN ST:

LIEN1 TYPE/CD: C / 36041 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/DT: - LAST-NEXT BILL: 02/2016 - 01/2017

EXHIBIT 4

Pilar Obregon

PILAR OBREGON

FACTS

- 1- THE SOLE PROPRIETORSHIP WAS SETUP ON **JANUARY 11TH, 2016**. POINT INSURANCE DID NOT SETUP THE SOLE PROPRIETORSHIP FOR THE INSURED.
- 2- THE RENEWAL APPLICATION WAS SIGNED BY THE INSURED ON **DECEMBER 16TH, 2016**. (SEE ATTACHED)
- 3- THE COMMERCIAL AUTO INSURANCE RE-WRITE APPLICATION WAS SIGNED BY THE INSURED ON **JANUARY 4TH, 2017**. (SEE ATTACHED)
- 4- THE INSURED'S VEHICLES ARE REGISTERED AND FINANCED UNDER BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. (SEE ATTACHED)
- 5- PER RULE 61 VEHICLES ARE ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

- 1- **MR. OBREGON STATES ON HIS SIU INTERVIEW THAT HE WORKS AT RITA'S CATERING, BUT WHILE HE WAS AT OUR OFFICE FOR ASSISTANCE FILLING OUT THE RENEWAL APPLICATION HE TOLD OUR AGENT THAT HE IS SELF-EMPLOYED AND OWNS HIS OWN BUSINESS NAMED PILAR CATERING. HE SIGNED THE RENEWAL APPLICATION UNDER PAINS AND PENALTY OF PERJURY.**
- 2- **MR. OBREGON ALSO OMITTS TO BOTH ARBELLA AND POINT INSURANCE THAT HE IS ALSO THE OWNER OF A RESTAURANT BASED OUT OF REVERE, MASSACHUSETTS CALLED SABOR SALVADORENO RESTAURANT LLC.**

POINT INSURANCE

Leandro Rodrigues

Point Insurance Inc

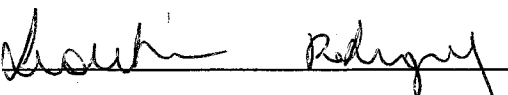
1885 revere Beach Pkwy – Everett, MA 02149

Re: Pilar Obregon – Policy Number [REDACTED]

In Mr. Spellman's interview with Mr. Obregon held on January 14th 2017, one of the question asked by Mr. Spellman was "where is it that you work, Pilar?" and Mr. Obregon's response was "Rita's catering." That is not what Mr. Obregon told me on 01/07/2017 when he came to the Everett office when he re-applied for a new policy. He told me that he did have his own company named *Pilar Catering*. Also on that day Mr. Obregon had no other option for insurance other than a commercial policy because both of his vehicles are registered under his DBA's FID number with Rockland Federal Credit Union. How can Mr. Obregon not have a business if both of his vehicles are registered and financed under his business?

Therefore when Mr. Spellman implies that the policy was filed as a commercial policy so that the insured "could keep getting a cheaper rate" that is simply not true! His policy was re-written that way because both of his vehicles are registered under the FID number, which makes the insured only eligible for a commercial policy.

It is worth noting that Mr. Obregon also omitted to Mr. Spellman that he has one more business other than Pilar Catering. Mr. Obregon is also the owner of the "SABOR SALVADORENO RESTAURANT LLC" located at [REDACTED] Revere, MA 02151, business that he established in March of 2016.

x: 
Leandro Rodrigues 09/07/2017

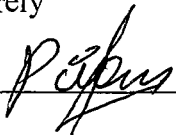
To whom it may concern:

My name is Pilar Obregon owner of policy number [REDACTED] insured with the Arbella Insurance Company.

On January 14th 2017 I was interviewed by Mr. Spellman of the Arbella Insurance Company. During that interview I was asked a lot of questions about what I do for a living. I failed to disclose to Mr. Spellman that not only did I work for Rita's Catering but I also have had other business like Sabor Salvadoreno Restaurant LLC and Pilar Catering. I found that Mr. Spellman had no need of knowing what it is that I do for a living.

Also during the interview when I said that Leandro filed my policy as a commercial policy just so "I could get a cheaper rate" that statement is also not true. The reason why Leandro filed my policy as a commercial policy is because I do have a business and because my vehicles are financed and registered under my company's name and federal id number.

Sincerely

X:  Date: 1-10-17

Pilar Obregon

A quien le interese,

Mi nombre es Pilar Obregón titular de la póliza [REDACTED] asegurada por Arbella Insurance Company.

El 14 de enero de 2017, fui entrevistado por el Sr. Spellman de Arbella Insurance Company. Durante esa entrevista me hicieron muchas preguntas sobre lo que hago para trabajo. No le revelé al Sr. Spellman que no sólo trabajé para Rita's Catering, sino que también he tenido otros negocios como Sabor Salvadoreño Restaurant LLC y Pilar Catering. Me pareció que el señor Spellman no tenía necesidad de saber qué es lo que hago para trabajo.

También durante la entrevista, cuando dije que Leandro hecho mi póliza de seguro como una póliza de seguro de automóvil comercial sólo para "obtener una tarifa más barata", esa declaración también no es cierto. La razón por la que Leandro hecho mi póliza de seguro como una póliza de seguro de automóvil comercial es porque tengo un negocio y porque mis vehículos son financiados y registrados bajo el nombre y el número de identificación federal de mi compañía.

Sinceramente,

X: 

Pilar Obregon

Fecha: 8-10-17



COMPANIES PEOPLE PRODUCTS/SERVICES TRADEMARKS ADDRESSES PHONE BOOK APPS



Home > U.S. > Massachusetts > Revere

SABOR SALVADORENO RESTAURANT LLC

Massachusetts Domestic Limited-Liability Company (Llc) • Updated 4/3/2016

Write Review

Upgrade

Claim

Lilly Pulitzer
after party
SALE
JAN 5 AT 8AM UNTIL JAN 6 AT 1PM
FREE SHIPPING | WHILE SUPPLIES LAST | ALL SALES FINAL
SHOP NOW

Sabor Salvadoreno Restaurant LLC is a Massachusetts Domestic Limited-Liability Company (Llc) filed on March 26, 2016 . The company's File Number is listed as 001216265.

The Registered Agent on file for this company is Pilar Obregon and is located at 78 Clark Ave Apt 2, Chelsea, MA 02150. The company's principal address is 227 Revere St, Revere, MA 02151.

The company has 2 principals on record. The principals are Endis E Obregon from Revere MA and Pilar Obregon from Revere MA.

Company Information

Company Name: SABOR SALVADORENO RESTAURANT LLC
 File Number: 001216265
 Filing State: Massachusetts (MA)
 Filing Status: Unknown
 Filing Date: March 26, 2016
 Company Age: 10 Months
 Registered Agent: Pilar Obregon
Chelsea, MA 02150
 Principal Address: Revere, MA 02151

GMR
Transcription
Transcription Services
Send Us Your Audio Files & Get Transcripts With 98% Accuracy
gmrtranscription.com

Company Contacts

ENDIS E OBREGON
 Manager

Revere, MA 02151

PILAR OBREGON
 Manager

Revere, MA 02151

[View Nationwide Phone Book Listings For Pilar Obregon](#)

Transcription Services

Send Us Your Audio Files & Get Transcripts With 98% Accuracy Go to gmrtranscription.com.



Reviews



COMMERCIAL INSURANCE APPLICATION

EXHIBIT #4
DATE (MM/DD/YYYY) 01-04-2017
PAGE 88 OF 220

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 LEANDRO RODRIGUES		CARRIER	NAIC CODE:	UNOERWRITER	UNOERWRITER OFF.
PHONE (A/C, No, Ext): 617-381-6240		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)			POLICY NUMBER
FAX (A/C, No):		INDICATE SECTIONS ATTACHED			EQUIPMENT FLOATER
E-MAIL ADDRESS: leandro@pointinsure.com		PROPERTY			INSTALLATION/BUILDERS RISK
COOE:		GLASS AND SIGN			GARAGE AND DEALERS
SUB CODE: 0127		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS			VEHICLE SCHEDULE
AGENCY CUSTOMER ID:		CRIME/MISCELLANEOUS CRIME			BOILER & MACHINERY
		TRANSPORTATION/ MOTOR TRUCK CARGO			WORKERS COMPENSATION
		TRUCKERS/MOTOR CARRIER			UMBRELLA

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUOIT
CHANGE	DATE	TIME	01-13-2017	01-13-2018	<input checked="" type="checkbox"/> DIRECT BILL		No Audit
CANCEL					AGENCY BILL		

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds) PILAR OBREGON DBA: PILAR CATERING			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) CHELSEA MA 02150
OR SOC SEC # (First Named Insured): 81	PHONE (A/C, No, Ext):	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"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: PILAR OBREGON	
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:
DATE BUS STARTED: 2016			

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)
CATERING BUSINESS

\$ 2831

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	X
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
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 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 FIDUCIARY 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, 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 <i>Pilar Obregon</i>	DATE 01-04-17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
---	------------------	--	--------------------------

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
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 \$	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	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	66	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE	\$	OPTIONAL COMPREHENSIVE	69						
OPTIONAL BODILY INJURY TO OTHERS	61	64	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70						
	62	67	BI EACH ACCIDENT	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	69						
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	70					\$	
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	69					\$	
OPTIONAL TRUCKERS HIRED/BORROWED	NO	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	70					\$	
OPTIONAL NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	YES		EMPLOYEES			STATES	# DAYS	# VEH				
	NO		VOLUNTEERS			STATES	# DAYS	# VEH				
OTHER			PARTNERS		OTHER				COVERAGE IS:	PRIMARY	SECONDARY	

COVERED AUTO SYMBOLS
 (31) 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 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) 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.

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 <i>X [Signature]</i>	DATE 01-04-17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
---	------------------	--	--------------------------

Spellman III, Edward

From: BRUNO ROZEMBARQUE <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>
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) 783-2062

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: Monday, December 19, 2016 4:28 PM
To: 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

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.

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>
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

POINTINSURANCE

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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
Cc: Corcoran, Daniel <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>
Subject: PILAR OBREGON -

Please find attached a copy of the renewal app for the insured mentioned above.

Thank you

Leandro

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Callinan, Amanda

From: Callinan, Amanda
Sent: Wednesday, December 28, 2016 10:11 AM
To: bruno@pointinsure.com
Subject: Pilar Obregon
Attachments: DOC122816- [REDACTED].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

12/16/2016 09:23 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060
REGISTRATION/TITLE INQUIRY

FUNCTION: **RI** MSG: **INQUIRY PROCESS COMPLETE.**

PIT TYP: **PAN** REG#: **BDP451** CLR: **R** VIN#: **2HGFG12868H580605** TTL#: **80927189** -E

LIC #1 : [] LIC #2 : [] FID#: []

LESSEE : RMV-1 BATCH #: **01601374180113**

OWNER1 NAME : DOB: []
OWNER2 NAME : DOB: []

CORP/CO NAME: PILAR OBRAGON

MAIL ADDR : CITY: ST: ZIP: []
BLDG/APT : REG ONLY MAIL: **N**

RESID ADDR : CITY: ST: ZIP: []
BLDG/APT : GARAGE: **CHELSEA**

REG STATUS-DT: **ACTV/ - 01/13/2016** REG EFF DT: **01/13/2016**

LIFE PD: **N** STRK#-DT: **170599135 - 01/13/2016** INSP RSLT: **P** REG EXP DT: **01/2017**

2008 HOND CIVIC MODEL#: **USEX** STYLE: **COUPE** CLR: **WHITE /**

CYL: **4** PASS: **5** DOORS: **2** TRAN: **A** PWR: **G** BUS: SEATS: WGT: []

TTL STATUS-DT: **ACTV - 01/29/2016** TTL DT: **01/13/2016** PRINT DT: []

PURCH DT: **01/13/2016** OD: **0106035** N/U: **U** PREV TTL ST/#: **MA RM605002**

TTL TYPE: **C** BRAND: [] REASON CD: [] TTL RTN ST: []

LIEN1 TYPE/CD: **C / 01805** NAME: **ROCKLAND FEDERAL CREDIT UNION**

LIEN2 TYPE/CD: **/** NAME: []

INS CO: **154 ARBELLA PROTECTION** ORIG ISS DT: **01/13/2016** NONPROF: **N** VALUE: []

PLT ORDER STATUS/DT: [] 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.

Copyright © 2016 Arbella Mutual Insurance Company

12/16/2016 09:24 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060
REGISTRATION/TITLE INQUIRY

FUNCTION: RT MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: PAN REG#: 3NR622 CLR: R VIN#: ENLRL8W76C629413 TTL#: ER038156

LIC #1 : LIC #2 : FID#:

LESSEE : RMV-1 BATCH #: 01607509520117

OWNER1 NAME : DOB:

OWNER2 NAME : DOB:

CORP/CO NAME: PILAR OREGON

MAIL ADDR : CITY: ST: ZIP:

BLDG/APT : REG ONLY MAIL: N

RESID ADDR : CITY: ST: ZIP:

BLDG/APT : GARAGE: CHELSEA

REG STATUS-DT: ACTV/ - 03/15/2016 REG EFF DT: 03/15/2016

LIFE PD: N STKR#-DT: 170599980 - 04/13/2016 INSP RSLT: P REG EXP DT: 02/2016

2006 NISS PATHFI MODEL#: STYLE: UTIL CLR: GRAY /

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 HNS74811

TTL TYPE: C BRAND: REASON CD: TTL RTN 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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ARBELLA
INSURANCE GROUP

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174

PILAR OBREGON
DBA PILAR CATERING
[REDACTED]
CHELSEA, MA 02150

Agent: 460154
Policy Number: [REDACTED]
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?
[REDACTED] 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 _____

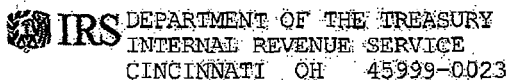
List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

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: x [Signature] Date: 12-16-16
Print Name: _____
Agent Signature: x [Signature] Date: _____



Date of this notice: 01-11-2016

Employer Identification Number:
81- [REDACTED]

Form: SS-4

Number of this notice: CP 575 G

PILAR OBREGON

[REDACTED]
CHELSEA, MA 02150

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 81-[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. 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 OBRE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

EXHIBIT 5

Jean Claude Nadege

NADEGE JEAN CLAUDE

FACTS

- 1- THE SOLE PROPRIETORSHIP WAS SETUP ON **OCTOBER 8TH 2014**. (SEE ATTACHED)
- 2- ON **DECEMBER 12TH, 2016** INSURED CAME TO THE OFFICE AND SUBMITTED A RENEWAL APPLICATION WITH THE MOST CURRENT INFORMATION LISTED ON IT. (SEE ATTACHED)
- 3- ON **JANUARY 12TH, 2017** THE INSURED APPLIED FOR A NEW POLICY WHERE SHE REAFFIRMED THE INFORMATION OF THE RENEWAL APPLICATION. (SEE ATTACHED SIGNED APP)
- 4- ON **AUGUST 21ST, 2017** THE INSURED SIGNED THE BUSINESS USE COMPLIANCE FORM. (SEE ATTACHED)
- 5- PER RULE 61 THE VEHICLE IS ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. THE VEHICLE IS REGISTERED AND FINANCED UNDER THE INSURED'S BUSINESS.

SIU INTERVIEW CONTRADICTIONS

1 – AMANDA CALLIMAN, ARBELLA UNDERWRITER, EMAILED FELIPE FROM POINT ON **JANUARY 10TH, 2017**, WHERE SHE INQUIRES WHY THE INSURED WENT FROM BEING IN THE JEWELRY BUSINESS TO HAIR DRESSING BUSINESS, BUT IN AN EMAIL FROM MAYRE HAMMOND FROM ARBELLA DATED **JUNE 8TH, 2017** WHERE SHE STATES SUCH CHANGES ARE UNNECESSARY AS “THE BUSINESS NAME HAS NO LEGAL BEARING”.

2 – AFTER MS. NADEGE'S INTERVIEW WITH ARBELLA'S SIU DEPT. ON **FEBRUARY 7TH, 2017**, SHE SIGNED A PAPER WHERE SHE REITERATES THAT SHE DOES HAVE HER OWN HAIR CUTTING BUSINESS.

3- HER VEHICLE IS REGISTERED AND FINANCED UNDER HER BUSINESS NAME AND FEDERAL ID NUMBER. ON **AUG 10, 2017** SHE REITERATES HER NEED OF A COMMERCIAL AUTO POLICY BECAUSE SHE STILL IS ENGAGED IN BUSINESS.

POINT INSURANCE

Leandro Rodrigues

Point Insurance Inc

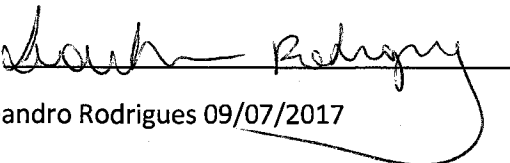
1885 Revere Beach Pkwy — Everett, MA 02149

RE: Nadege Jean Claude — [REDACTED]

On February 7th 2017, Ms. Nadege was interviewed by Mr. Spellman of Arbella's SIU dept. During the interview Mr. Spellman asks Ms. Nadege "Do you have any other jobs?" because she had already mentioned before that she works for "Supportive Care" as a "home health care aide", in turn Ms. Nadege's answer was that she was a "hairstresser" she says "it's my chair, rental chair".

Mr. Spellman raises the issue that Ms. Nadege's policy states that she is in the jewelry business, but Ms. Nadege corrects the record by stating that she is engaged in the hairdressing business.

I have attached to this letter an email from Ms. Mayre Hammond, Arbella's Manager of Commercial lines underwriting, where she complains when Point employees requests Arbella underwriting team to update an insured's DBA's name or line of business, she says "These are unusual requests and have no bearing on the class or underwriting of the risk except to question the validity of the business." And "The business name has no legal bearing." In other words, Arbella was not interested in the name of the d/b/a and, in fact, pushed back on Point when we began submitting corrected names for sole proprietorships at the requests of our customers.

X: 
Leandro Rodrigues 09/07/2017

To whom it may concern:

My name is Nadege Jean Claude from [REDACTED] in Everett, MA 02149 with Federal ID number 47-[REDACTED].

This letter is meant to clarify my interview with Mr. Spellman from Arbella Insurance held on 02/07/2017.

Mr. Spellman took my words out of context in that interview, I clearly stated that even though I am an employee of "Supportive Care" as a "home health aide" I also clearly stated that I am a hairdresser, I am not an employee at "Shears me", I rent a chair there and pay for its rental weekly.

Although I don't know why AGM AUTO SALES, the dealership who helped me open my FID number, registered my business as a "Jewelry store" I want to make clear that I am engaged in the business of hair dressing.

I also want to make clear that when I re-applied for a new policy on 01/20/2017 I signed the original paper application.

I also want to make clear that Mr. Leandro Rodrigues, the employee at Point Insurance who helped me with my new application did explain to me all my insurance options and I opted for the commercial auto insurance because I am engaged in business and my vehicle is financed in the name of my business.

Sincerely

X: Nadege Jean Claude

Date: 08/10/2017

Nadege Jean Claude

August 10th, 2017
12:04 pm NJ



Date of this notice: 10-08-2014

Employer Identification Number:
47-██████████

Form: SS-4

Number of this notice: CP 575 G

NADEGE JEAN CLAUDE
NADEGE JEWELRY
██████████
EVERETT, MA 02149

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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

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

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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.

Arbella Insurance Group
P.O. Box 699174
Quincy, MA 02269-99174



DEC 16 13:05

NADEGE JEAN CLAUDE
DBA: NADEGE JEWELRY

EVERETT, MA 02149

Agent: 460125
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: Haircutting
How is your vehicle used in business? Using it to carry my products
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?
Door to Door

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 3

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: Nadese Jean Claude
Print Name: Nadese Jean Claude
Agent Signature: _____

Date: 12/12/2016
Date: _____

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 ste[REDACTED] 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



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 103 COMMONWEALTH AVE BOSTON MA 02215 Lucas Lemes	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C No. Ext): 6173816240	POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)			POLICY NUMBER
FAX (A/C No.):	INDICATE SECTIONS ATTACHED			EQUIPMENT FLOATER
E-MAIL ADDRESS: lucas@pointinsure.com	PROPERTY			INSTALLATION/BUILDERS RISK
CODE: SUB CODE: 0127	GLASS AND SIGN			ELECTRONIC DATA PROC
AGENCY CUSTOMER ID:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS			COMMERCIAL GENERAL LIABILITY
	CRIME/MISCELLANEOUS CRIME			BUSINESS AUTO
	TRANSPORTATION/ MOTOR TRUCK CARGO			TRUCKERS/MOTOR CARRIER
				GARAGE AND DEALERS
				VEHICLE SCHEDULE
				BOILER & MACHINERY
				WORKERS COMPENSATION
				UMBRELLA

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.					
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	
CHANGE	DATE	TIME	01-20-2017	01-20-2018	DIRECT BILL		No Audit	
CANCEL					AGENCY BILL			

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds)			MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
NADEGE JEAN CLAUDE DBA: NADEGE JEWELRY			EVERETT MA 02149
FEIN OR SOC SEC # (of First Named Insured): 47-	PHONE (A/C No. Ext):	WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> LLC
<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: NADEGE JEAN CLAUDE		ACCOUNTING RECORDS CONTACT: NADEGE JEAN CLAUDE	
PHONE (A/C No. Ext):	E-MAIL ADDRESS:	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)	
JEWELRY SALES	B1816

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
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).
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	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)

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 <i>X Nadège Jean Claude</i>	DATE 01-12-17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
--	------------------	--	--------------------------

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE	
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 \$	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	EACH ACCIDENT	\$	OPTIONAL COLLISION	62	67					
	62	67										
	63	68										
OPTIONAL MEDICAL PAYMENTS	62	64	EACH PERSON	\$	OPTIONAL TOWING & LABOR	63						\$
	63	67										
COMPULSORY UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE	\$	OPTIONAL COMPREHENSIVE	69						
OPTIONAL BODILY INJURY TO OTHERS	61	64	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70						
	62	67	BI EACH ACCIDENT	\$	OPTIONAL COLLISION	69						
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		70							
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	69						\$
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		STATES	# DAYS	# VEH				
OPTIONAL NON-OWNED AUTO LIABILITY		STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE							
	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.

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 <i>X. Valdes</i>	DATE 01-12-17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
---	------------------	--	--------------------------

ACORD 137 MA (2005/04)

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 1-877-789-9869

Policy #

Not Jewelry Sales
EJ Spellman already visited

~~Jewelry Sales~~
1 PPT = Individual name on corp head of FED
1 driver = MA license

Previously written: [REDACTED]
↳ Nonrenewal as there was no proof of legit business

Sent to SIU 02/01/2017
DL

KXH
JAN 19 2017

(non renew)

Leandro Rodrigues

From: Leandro Rodrigues <leandro@pointinsure.com>
Sent: Thursday, June 08, 2017 4:07 PM
To: 'Hammond, Mayre C.'
Subject: RE: Requests to change DBA Name

It could be that the insured has changed their line of business, it could be that a dba name needed to be corrected! Even though the dba name does not affect the rating nor the classification, we like to have everything match the documentation in our hands, meaning if an insured has a new 147-C with a new DBA name on it we will request the endorsement, or if they have a GL or WC policy with a new line of business we want their commercial policy to have the same.

Thank you
Leandro

From: Hammond, Mayre C. [mailto:Mayre.Hammond@Arbella.com]
Sent: Thursday, June 08, 2017 4:02 PM
To: Leandro Rodrigues (leandro@pointinsure.com) <leandro@pointinsure.com>
Subject: Requests to change DBA Name

Hello Leandro

I have 5 requests here to change the name of the DBA on the policy. These are unusual requests and have no bearing on the class or underwriting of the risk except to question the validity of the business. The vehicles are registered to the individual. The business name has no legal bearing. Please explain your intent.

Thank you

Mayre

Mayre Hammond, CPCU, CIC / Manager, Commercial Lines Underwriting
Arbella Insurance Group
1100 Crown Colony Drive, Quincy, MA. 02269
ph: (617) 328-2612 / fax: (617) 745- 7571 / email: mayre.hammond@arbella.

BBJ Best Place to Work Award 2009-2015



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.

EXHIBIT 6

Edilson Lopez

EDILSON LOPEZ

FACTS

- 1- WAS REGISTERED WITH THE IRS ON FEBRUARY 4th, 2015. POINT INSURANCE DID NOT SETUP THE SOLE PROPRIETORSHIP FOR THE INSURED.
- 2- BUSINESS USE COMPLIANCE WAS SIGNED BY THE INSURED ON **DECEMBER 2nd, 2017**. (SEE ATTACHED)
- 3- THE RENEWAL APPLICATION WAS SIGNED BY THE INSURED ON **JANUARY 18th, 2017**. (SEE ATTACHED)
- 4- BOTH OF THE INSURED'S VEHICLES ARE REGISTERED AND FINANCED UNDER BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. (SEE ATTACHED)
- 5- PER RULE 61 BOTH VEHICLES ARE ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER

SIU INTERVIEW CONTRADICTIONS

- 1- MR. LOPEZ STATES DURING HIS INTERVIEW THAT POINT'S EMPLOYEE ASKED HIM THE "SAME QUESTIONS" THAT MR. SPELLMAN WAS ASKING HIM DURING THE INTERVIEW WITH RESPECT TO THE SOLE PROPRIETORSHIP. THIS PROVES THAT POINT'S EMPLOYEES DILIGENTLY GO THROUGH THE RENEWAL APPLICATION, EXPLAINING EACH QUESTION AND THE IMPORTANCE OF IT.
- 2- MR. LOPEZ PROVIDED POINT INSURANCE WITH ANSWERS TO ALL QUESTIONS ON HIS RENEWAL APPLICATION AND DID NOT REPRESENT TO POINT INSURANCE THAT HE DID NOT IN FACT HAVE A BUSINESS.
- 3- THE INSURED APPLIED FOR TWO LOANS UNDER HIS FEDERAL ID NUMBER WITH TWO DIFFERENT BANKING INSTITUTIONS, SOURCE ONE FINANCIAL CORP. AND WESTLAKE FINANCIAL SERVICES. IT IS IMPLAUSIBLE THAT TWO DIFFERENT BANKING INSTITUTIONS WOULD APPROVE TWO SEPARATE LOANS FOR A COMBINED ESTIMATED AMOUNT OF \$25,000 WITHOUT ANY SORT OF PROOF OF BUSINESS.

POINT INSURANCE

Leandro Rodrigues

Point Insurance Inc

1885 Revere Beach Pkwy – Everett, MA 02149

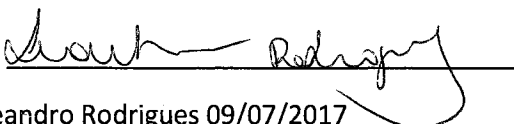
RE: Edilson Lopez – Policy Number [REDACTED]

On February 14th 2017 Mr. Lopez was interviewed by Mr. Spellman of Arbella's SIU dept.

Mr. Lopez told Mr. Spellman that I explained to Mr. Lopez the content of his renewal application, and also asked Mr. Lopez "the same questions" Mr. Spellman asked him during his interview. This debunks the notion that Point's employees do not ask its clients the questions on the renewal application form. Mr. Lopez provided all of the answers on his form and never indicated to me that he didn't in fact have a business.

Mr. Lopez financed two vehicles with two different banking institutions (Source One Financial Corp and Westlake Financial Services) under his commercial name and registered those two vehicles under his companies FID number. Because both of his vehicles are registered under the FID number he is ineligible to have a personal policy. However Mr. Lopez does state clearly that I explained him the options of personal insurance and what he would need to do to get a personal policy.

Also, on 01/18/17 I asked Mr. Lopez for both his driver's license information and the information of anybody who would drive any of his vehicles, including but not limited to employees, independent contractors and household members. When I printed off the Arbella website the complete list of listed driver's Mr. Lopez confirmed that himself and his son Brian were the only two drivers.

x: 
Leandro Rodrigues 09/07/2017

To whom it may concern,

My name is Edilson Lopez, I am the owner of policy [REDACTED] with Arbella Insurance. I would like to clarify through this letter that I must maintain my commercial auto policy because I am currently financing two of my vehicles with two different banks with my company information. The vehicles are also registered under my company's federal identification number. Also, my son, who lives with me and I are listed as drivers on the policy as we both drive these vehicles. Leandro did help me fill out the Renewal Application form for Arbella, he helped me understand the questions and the importance of the form and wrote down the answers I provided to him.

Edilson Lopez

Edilson Lopez

08 10 17

Date

August 10th 2017
2:05 pm

EC

A quien le interese,

Mi nombre es Edilson Lopez, soy el dueño de la póliza de seguro [REDACTED] con Arbella Insurance. Me gustaría aclarar a través de esta carta que debo mantener mi póliza de seguro de automóvil comercial porque actualmente estoy financiando dos de mis vehículos con dos bancos diferentes con la información de mi empresa. Los vehículos también están registrados bajo el número de identificación federal de mi compañía. Además, mi hijo, que vive conmigo y yo somos listados como conductores en la póliza ya que ambos conducimos estos vehículos. Leandro me ayudó a llenar el formulario de solicitud de renovación de Arbella, me ayudó a entender las preguntas y la importancia de la forma y anotó las respuestas que le proporcioné.

Edilson Lopez
Edilson Lopez

08 10 17
Fecha

August 10th 2017
2:05 pm
E L



EDILSON LOPEZ
DBA LOPEZ IRON WORK
[REDACTED]
CHELSEA, MA 02150

Agent: 46-0134
Policy Number: [REDACTED]
Expiration Date: 02/11/2017

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? 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?
[REDACTED] 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 S [REDACTED] Brian Morales S [REDACTED]

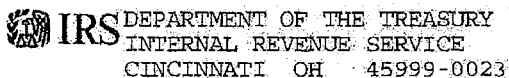
Provide legible color copies of all licenses of operators of the insured vehicle.

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: _____



Date of this notice: 02-04-2015

Employer Identification Number:
47- [REDACTED]

Form: SS-4

Number of this notice: CP 575 G

EDILSON LOPEZ
LOPEZ IRON WORK
[REDACTED]
CHELSEA, MA 02150

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 47-[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. 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 LOPE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Business Use Compliance

I, Kristleon Lopez, recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

Jaabnjo

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

No

Ediso Lopez
Signature

12/02/2016
Date

Phone Number

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***

08/18/2017 14:30 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060

REGISTRATION/TITLE INQUIRY

FUNCTION: RI MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: PAN REG#: 2CN141 CLR: R VIN#: 5FNYF4H54AB020621 TTL#: BP593483 -E

LIC #1 : LIC #2 : FID#: RMV-1 BATCH #: 01504973030121

LESSEE : OWNER1 NAME : OWNER2 NAME : CORP/CO NAME: EDILSON LOPEZ

MAIL ADDR : BLDG/APT : CITY: CHELSEA ST: MA ZIP: 02150-2143 REG ONLY MAIL: N

RESID ADDR : BLDG/APT : CITY: ST: ZIP: GARAGE: CHELSEA

REG STATUS-DT: ACTV/ - 02/01/2017 REG EFF DT: 02/01/2017

LIFE PD: N STKR#-DT: 182078138 - 04/08/2017 INSP RSLT: P REG EXP DT: 01/2019

2010 HOND PILOT MODEL#: YF4H5A STYLE: UTIL CLR: RED /

CYL: 6 PASS: 7 DOORS: 4 TRAN: A PWR: G BUS: SEATS: WGT: TTL STATUS-DT: ACTV - 03/11/2015 TTL DT: 02/18/2015 PRINT DT:

PURCH DT: 02/04/2015 OD: 0079179 N/U: U PREV TTL ST/#: MA BL018228

TTL TYPE: C BRAND: REASON CD: TTL RTN ST: LIEN1 TYPE/CD: C / 27338 NAME: SOURCE ONE FINANCIAL CORP

LIEN2 TYPE/CD: / NAME: INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 02/18/2015 NONPROF: N VALUE: PLT ORDER STATUS/DT: - LAST-NEXT BILL: 01/2017 - 01/2018

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.

08/18/2017 14:30 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060
REGISTRATION/TITLE INQUIRY

FUNCTION: **RI** MSG: **INQUIRY PROCESS COMPLETE.**

PLT TYP.: **PAN** REG#: **2PP632** CLR: **R** VIN#: **JN8AS58V09W442755** TTL#: **BQ986216**

LIC #1 : **[REDACTED]** LIC #2 : **[REDACTED]** FID#: **[REDACTED]**

LESSEE : RMV-1 BATCH #: 01606174180113

OWNER1 NAME : DOB:
OWNER2 NAME : DOB:

CORP/CO NAME: **EDILSON LOPEZ**

MAIL ADDR : **[REDACTED]** CITY: **CHELSEA** ST: **MA** ZIP: **02150-2143**
BLDG/APT : **[REDACTED]** REG ONLY MAIL: **N**

RESID ADDR : CITY: ST: ZIP:
BLDG/APT : GARAGE: **CHELSEA**

REG STATUS-DT: **ACTV/NONR - 03/01/2016** REG EFF DT: **03/01/2016**

LIFE PD: **N** STKR#-DT: **182078078 - 04/04/2017** INSP RSLT: **P** REG EXP DT: **02/2018**

2009 NISS ROGUE MODEL#: STYLE: **UTIL** CLR: **GRAY /**

CYL: **6** PASS: **5** DOORS : **4** TRAN : **A** PWR: **G** BUS: SEATS: WGT:

TTL STATUS-DT: **ACTV - 03/18/2016** TTL DT: **03/01/2016** PRINT DT: **03/18/2016**

PURCH DT: **02/29/2016** OD: **0081200** N/U: **U** PREV TTL ST/#: **RI 6502192**

TTL TYPE: **C** BRAND: REASON CD: TTL RTN ST:

LIEN1 TYPE/CD: **C / 41346** NAME: **WESTLAKE FINANCIAL SERVICES**

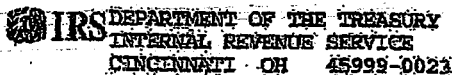
LIEN2 TYPE/CD: **/** NAME:

INS CO: **154 ARBELLA PROTECTION** ORIG ISS DT: **03/01/2016** NONPROF: **N** VALUE:
PLT ORDER STATUS/DT: **-** LAST-NEXT BILL: **01/2017 - 01/2018**

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.

Copyright © 2017 Arbella Mutual Insurance Company



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 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.

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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 LOPE 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
[Barcode]

EDILSON LOPEZ
LOPEZ IRON WORK

EXHIBIT 7

JSantana Plastering, LLC

JSANTANA PLASTERING LLC

FACTS

- 1- Point Insurance did not open the LLC for this insured. Insured filed with the MA secretary of State on **06/01/2016** and with the IRS on **08/24/2016**.
- 2- On **10/28/2016** the insured and his wife/girlfriend came to the Everett office and applied for a Commercial Auto policy.
- 3- Insured signed the new business application, signed a request to the RMV for his company to be added to the RMV system and a business use form where he states his business is "PLASTERING".
- 4- Ms. Mariam Beurekjian not only requested to be listed as a driver but also paid for the down payment, \$1100.

SIU INTERVIEW CONTRADICTIONS

- 1- Ms. Beurekjian states that she is the driver for the Nissan Pathfinder.
- 2- Ms. Beurekjian states that she went with Jaime to purchase the vehicle and is the sole "co-signer" for that vehicle's financing.
- 3- The only reason for Ms. Beurekjian to be listed as a driver in the policy is because she clearly states she is engaged with the paperwork for this company and she is a driver of one of the vehicles owned by the company.

POINT INSURANCE

Leandro Rodrigues

Point Insurance Inc

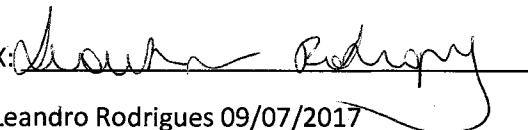
1885 Revere Beach Pkwy – Everett, MA 02149

RE: JSantana Plastering LLC

On January 19th 2017, when Mr. Spellman interviewed Mr. Santana and Ms. Beurekjian, Mr. Santana admitted to creating the LLC himself with the help of his girlfriend, Ms. Beurekjian.

Also, when Mr. Spellman asked "What about the Pathfinder, who uses that vehicle?" which Mr. Santana answers "my girlfriend Mariam?" Not only was Ms. Beurekjian a co-signer for the financing of one of the vehicles owned by the LLC, but she was also the principal driver for one of the vehicles. Therefore it is my duty as an insurance agent to tell the insured that she must be listed as a driver.

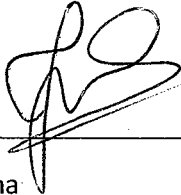
It is worth noting that Ms. Beurekjian used her bank account to pay for the \$1100.00 down payment. When you have someone like Ms. Beurekjian who is a co-signer for a loan, who admits to being the principal driver of one of the vehicles, and who pays \$1100 towards this policy, it is very hard not to believe that she is not supposed to be listed as a driver in the policy.

x: 
Leandro Rodrigues 09/07/2017

To whom it may concern,

My name is Jaime Santana, I am the owner and operator of JSantana Plastering LLC. This letter is to make it clear that my girlfriend Mariam M. Beurekjian drives the 2002 Nissan Pathfinder. She is also listed as a co-signer for the financing of the 2016 Chevrolet Express Van. Because she is involved with both of my company's cars, I was instructed by my agent, Leandro from Point Insurance, that it was recommended to add her as a driver on the policy.

Thank you!



Jaime Santana

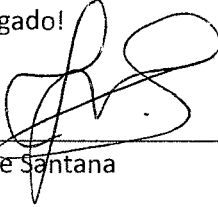
08/16/2017
Date

August 10th 2017
4:49 pm
JS

A quem possa interessar,

Meu nome é Jaime Santana, eu sou o proprietário e operador da JSantana Plastering LLC. Esta carta é para deixar claro que minha namorada Mariam M. Beurekjian dirige o 2002 Nissan Pathfinder. Ela também está listada como co-sinatária para o financiamento da 2016 Chevrolet Express Van. Como ela estava envolvida com os dois carros da minha empresa, eu fui instruído pelo agente, Leandro da Point Insurance, que seria recomendável adicioná-la como motorista na apólice de seguro.

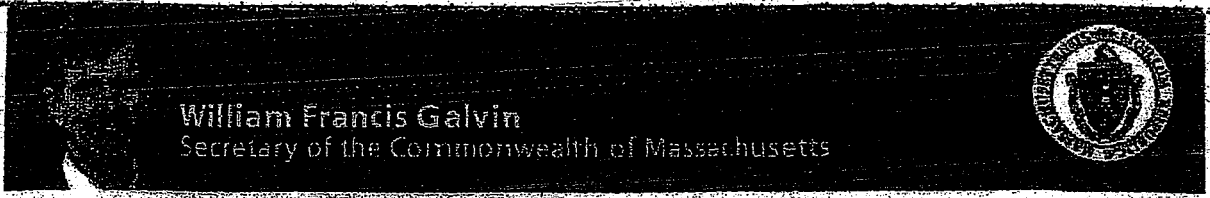
Obrigado!



Jaime Santana

08/10/2017
Data

August 10th 2017
4:49 pm
JS



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: _____		
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
SOC SIGNATORY	JAIME SANTANA	
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

*NOT listed
as a director
Who is the director?*

REAL PROPERTY	JAI ME SANTANA	15	
<input type="checkbox"/> Consent	<input type="checkbox"/> Confidential Data	<input type="checkbox"/> Merger Allowed	<input type="checkbox"/> Manufacturing
View filings for this business entity:			
Annual Report Annual Report - Professional Articles of Entity Conversion Certificate of Amendment Certificate of Incorporation			
View filings			
Comments or notes associated with this business entity:			

[New search](#)

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

000151.690671.465040.3858 1 MB 0.419 530




JSANTANA PLASTERING LLC
JATME M DE SANTANA SOLE MBR
SOMERVILLE MA 02145

Date of this notice: 08-24-2016

Employer Identification Number:
30- [REDACTED]

Form: SS-4

Number of this notice: CP 575 6

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

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 30-[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.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and 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.
- * Provide future officers of your organization with a copy of this notice.

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

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

00151



William Francis Galvin
 Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 001225752

[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: 001225752		
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: [REDACTED]		
City or town, State, Zip code, SOMERVILLE, MA 02145 USA		
Country:		
The name and address of the Resident Agent:		
Name: UNITED STATES CORPORATION AGENTS, INC.		
Address: 101 BILLERICA AVE., BLDG. 5, SUITE 204		
City or town, State, Zip code, NORTH BILLERICA, MA 01862 USA		
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
SOC SIGNATORY	JAIME SANTANA	[REDACTED] SOMERVILLE, MA 02145 USA
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



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 LEANDRO RODRIGUES		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): 617-381-6240		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		[REDACTED]	
FAX (C, No):		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
MAIL ADDRESS: leandro@pointinsure.com		PROPERTY		INSTALLATION/BUILDERS RISK	
CODE: SUB CODE: 0127		GLASS AND SIGN		ELECTRONIC DATA PROC	
AGENCY CUSTOMER ID:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	
				GARAGE AND DEALERS	
				VEHICLE SCHEDULE	
				BOILER & MACHINERY	
				WORKERS COMPENSATION	
				UMBRELLA	

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	10-28-2016	10-28-2017	X DIRECT BILL		No Audit
CANCEL					AGENCY BILL		

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds)		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
JSANTANA PLASTERING LLC		[REDACTED] SOMERVILLE MA 02145	
FEIN OR SOC SEC # (of First Named Insured): 30-[REDACTED]	PHONE (A/C, No, Ext):	WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> LLC
<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:		ACCOUNTING RECORDS CONTACT: MARIAM BEUREKJIAN	
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	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)
PLASTERING

\$5256

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
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).
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	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		X	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		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 ACORO 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 (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
[Signature]	10-28-16	[Signature]	

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																							
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																				
BODILY INJURY LIABILITY	61 62 63 64	67 68 71	BI EACH PERSON \$ BI EACH ACCIDENT \$		OPTIONAL COMPREHENSIVE	62 63 64	67 68		\$																			
COMPULSORY PERSONAL INJURY PROTECTION	65 67		PER PERSON \$ DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS		OPTIONAL SPECIFIED CAUSES OF LOSS	62 63 64	67 68	SCL FT LSP F FTW	\$																			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61 62 63	64 67 68	EACH ACCIDENT \$		OPTIONAL COLLISION	62 63 64	67 68		\$																			
OPTIONAL MEDICAL PAYMENTS	62 63	64 67	EACH PERSON \$		OPTIONAL TOWING & LABOR	63 67			\$																			
COMPULSORY UNINSURED MOTORIST	62 63 64	66 67	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		TRAILER INTERCHANGE																							
	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																					
OPTIONAL BODILY INJURY TO OTHERS	61 62 63	64 67 68	CSL BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COMPREHENSIVE	69 70																						
	OPTIONAL SPECIFIED CAUSES OF LOSS	69 70																										
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE IF ANY BASIS \$		OPTIONAL COLLISION	69 70						\$																
OPTIONAL TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE IF ANY BASIS \$			STATES	# DAYS	# VEH																				
OPTIONAL NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE																							
			EMPLOYEES VOLUNTEERS PARTNERS																									
OTHER					OTHER																							
<table border="0"> <tr> <td>COVERED AUTO SYMBOLS</td> <td>(64) OWNED COMMERCIAL AUTOS ONLY</td> <td>(67) SPECIFICALLY DESCRIBED AUTOS</td> <td>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(61) ANY AUTO</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td></td> <td></td> <td></td> </tr> </table>													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			
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 place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

UNDERSTAND 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
	10-28-16		

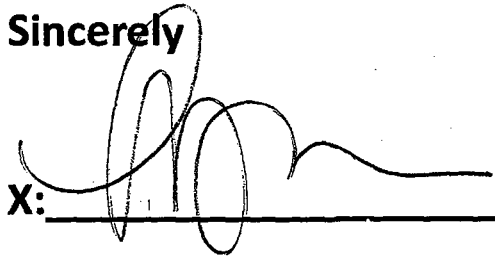
ADDRESS UPDATE REQUEST

My name is JAIME SANTANA and I am the president of JSANTANA PLASTERING LLC with FID# 30- [REDACTED].
Please add my company to the RMV's system.

ADDRESS: [REDACTED] – SOMERVILLE, MA 02145.

Please feel free to call me with any question at [REDACTED]
[REDACTED]

Sincerely



X: _____ 10-28-2016

Business Use Compliance

I, JSANTANA PLASTERING INC, recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

PLASTERING

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

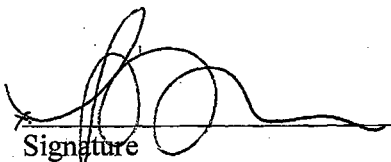
Yes

No


I already have an EIN number established with the Internal Revenue Service.

Yes

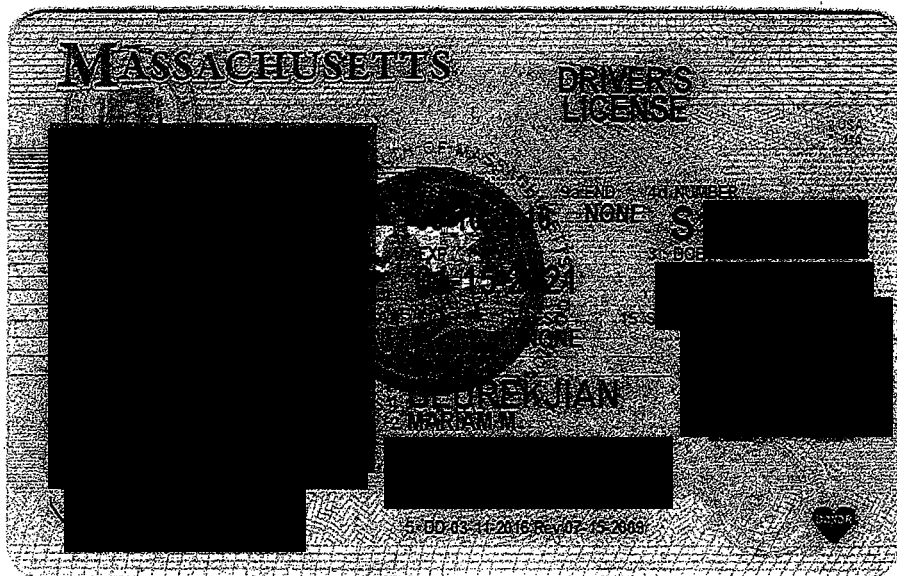
No


Signature

10/28/2016
Date


Phone Number

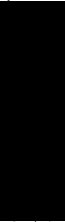
*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***



www.1ststop.com



Marlene Beurekjian



Pay to the Order of

East Boston Savings Bank

For



JOHN

Date

Dollars



199
6-70122110

\$1100

EXHIBIT 8

Darwin Colindres d/b/a Coll Handyman

DARWIN COLINDRES

FACTS

- 1- THE SOLE PROPRIETORSHIP WAS SETUP ON **SEPTEMBER 24th, 2015**. POINT INSURANCE DID NOT SETUP THE SOLE PROPRIETORSHIP FOR THE INSURED.
- 2- THE NEW BUSINESS COMMERCIAL AUTO INSURANCE APPLICATION WAS SIGNED BY THE INSURED ON **FEBRUARY 19th, 2015**. (SEE ATTACHED)
- 3- BUSINESS USE COMPLIANCE WAS SIGNED BY THE INSURED ON **JUNE 24th, 2016**. (SEE ATTACHED)
- 4- THE RENEWAL APPLICATION WAS SIGNED BY THE INSURED ON **JANUARY 14th, 2017**. (SEE ATTACHED)
- 5- THE INSURED'S VEHICLE IS REGISTERED AND FINANCED UNDER BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. (SEE ATTACHED)
- 6- PER RULE 61 VEHICLE IS ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLE BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

- 1- **MR. COLINDRES STATES THAT HE DID NOT HAVE A BUSINESS, BUT IN FACT, HE DOES HAVE A SOLE PROPRIETORSHIP SETUP WITHIN THE IRS, OF WHICH HE PROVIDED A 147C FORM.**
- 2- **MR. COLINDRES STATES THAT HE DID NOT HAVE A BUSINESS DURING HIS SIU INTERVIEW ON FEBRUARY 23rd, 2017. LATER, ON AUGUST 10th, 2017, THE INSURED SIGNED A STATEMENT CLARIFYING THAT HE IS "ENGAGED IN MANY TYPES OF BUSINESS" AND STILL NEEDS A COMMERCIAL AUTO POLICY.**
- 3- **THE INSURED STATES THAT HE DIDN'T KNOW HE HAD A COMMERCIAL AUTO POLICY, BUT THE INSURED SIGNED THE COMMERCIAL AUTO POLICY APPLICATION.**
- 4- **THE INSURED STATES THAT HE DID NOT KNOW WHAT WAS FILLED INTO ARBELLA'S RENEWAL APPLICATION, BUT IN FACT THE INSURED PROVIDED ALL OF THE INFORMATION LISTED ON THE FORM AND SIGNED OFF ON**

THE RENEWAL APPLICATION UNDER PAINS AND PENALTY
OF PERJURY.

POINT INSURANCE

1103 Commonwealth Avenue
Boston, Massachusetts 02215
Phone: (617) 783-1160
Fax: (617) 783-2062

Regarding:

Darwin Colindres DBA Coll Handyman

██████████ Chelsea, MA 02150

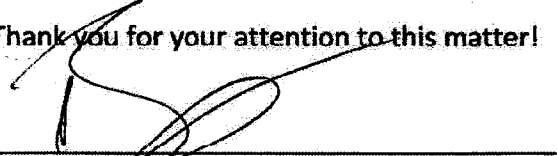
Policy: ██████████

To whom it may concern,

This letter is a written statement detailing events that took place in our office that contradict and clarify information given to Mr. Edward Spellman on February 23rd, 2017 during his interview with the above mentioned insured regarding a commercial auto policy written on February 20th, 2015.

As Mr. Colindres stated on his interview with Mr. Edward Spellman, he came into our Everett office, located on 1885 Revere Beach Parkway, Everett, MA 02149, with the Arbella Renewal application for clarification and help with filling out the form. I stated to Mr. Colindres that I would do my best to help him although I wasn't fluent in Spanish. Therefore, we filled out the Renewal Application together and he answered every question that I made in regards to the Arbella Renewal application. He then went over the form and all of the information that I helped him fill in. Before asking him to sign I translated exactly what was filled in on the form so that he would be certain of what he was signing. I also went over the statement on the Arbella Renewal Application, and explained that he was signing under pains and penalty of perjury, and that if he provided any fraudulent or false statements it would be considered a crime. After reviewing all the information, and understanding all of what I explained to him, Mr. Colindres signed the Arbella Renewal application. As proof of business the insured brought in his 147C letter from the IRS. It is also known that the insured's vehicle is financed under his business name with Community Credit Union of Lynn. The renewal application was then submitted to Arbella as required by Arbella's guidelines at the time, therefore, the policy was reviewed by an underwriter and renewed.

Thank you for your attention to this matter!



Bruno Rozenbarque
Point Insurance
1103 Commonwealth Avenue
Boston, Massachusetts 02215
Phone: (617) 783-1160
Fax: (617) 783-2062

To whom it may concern:

My name is Darwin Colindres and I am the owner of policy number [REDACTED] insured with the Arbella Insurance Company.

On February 23rd 2017 I was interviewed by Mr. Spellman who identified himself as an employee of the Arbella Insurance Company.

He asked me a lot of questions on that day and with this letter I want to make sure that anyone interested in this matter understands that I have been and I still am engaged in many types of business therefore I still have the need for a commercial policy.

Point Insurance and its employees have done an amazing job! They were very helpful and explained to me all my options for insurance and I made the choice to buy a commercial policy because my vehicle is financed and registered under one of my companies.

X: 

Date: 08/10/17

Darwin Colindres

August 10th, 2017

10:51 am

DWNC

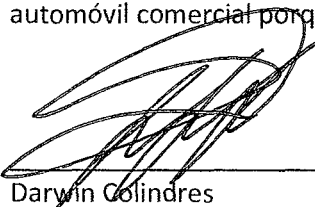
A quien le interese,

Mi nombre es Darwin Colindres y soy el dueño de la póliza [REDACTED] asegurada con Arbella Insurance Company.

El 23 de Febrero de 2017 fui entrevistado por el Sr. Spellman, quien se identificó como un empleado de Arbella Insurance Company.

Me hizo muchas preguntas ese día y con esta carta quiero asegurarme de que cualquier persona interesada en este asunto entienda que todavía estoy involucrado en muchos tipos de negocios, por lo tanto, todavía tengo la necesidad de tener una póliza de seguro de auto comercial.

Point Insurance y sus empleados han hecho un trabajo increíble! Fueron muy útiles y me explicaron todas mis opciones de seguro. Yo hice la decisión para comprar una póliza de seguro de automóvil comercial porque mi vehículo es financiado y registrado bajo una de mis empresas.



Darwin Colindres

08/10/17
Fecha

August 10th, 2017
10:51 am
DWN C

Business Use Compliance

I, Darwin B Colindres, recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

Examinación de mecánica

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

No

[Signature]
Signature

06/24/2016
Date

[Redacted]
Phone Number

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***



ARBELLA

[Arbella company name]
[Arbella Company Name]

Darwin

DARWIN COLI

CHELSEA, MA 0

INSURANCE INC

03-11-2017



Complete this applica
If a fully completed r
shown above, a non-r

lication

617-745-2980, or US mail.
days prior to the expiration date
stions, call your agent: 617-783-1160

Provide a detailed des

How is your vehicle us

Letter Pending

GOODS FROM ONE PLACE TO ANOTHER

Do you have your own business? *Y/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:

Print Name:

Darwin B Colindres

Date: *01/19/2017*

Agent's Signature:

Date: _____

Reference# CA-NB-48312

Submitted Date 02-20-2015



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
02-19-2015

AGENCY RAO & JEPSEN INS SERVICES INC 1103 COMMONWEALTH AVE BOSTON MA 02215 DANIEL		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: 0127 AGENCY CUSTOMER ID:		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER	
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):	PROPOSED EFF DATE 02-20-2015		PROPOSED EXP DATE 02-20-2016		BILLING PLAN X DIRECT BILL		PAYMENT PLAN AGENCY BILL
<input type="checkbox"/> CHANGE	DATE	TIME	AM	PM	AUDIT		No Profit
<input type="checkbox"/> CANCEL							

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds) DARWIN COLINDRES DBA: COLL HANDYMAN			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) REVERE MA 02151
FEIN OR SOC SEC # (of First Named Insured): 47-		PHONE (A/C, No, Ext):	
E-MAIL ADDRESS(ES):			
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: DARWIN B COLINDRES	
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)
CONSTRUCTION

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				
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X				
4. ANY CATASTROPHE EXPOSURE?		X	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PAST 3 YEARS? (Not applicable in MI)		X	11. HAS BUSINESS BEEN PLACED IN A TRUST? (If YES, NAME OF TRUST)		X	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS GOLDEN DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACCORD 815 for Liability Exposure and/or ACCORD 816 for Property Exposure)		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 (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: 02/19/2015	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------------------	----------------------	--------------------------

Reference# CA-NB-46312

Submitted Date 02-20-2015

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE									
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	TRAILER INTERCHANGE						
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 \$	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		OPTIONAL COLLISION	62	67								
	62	67	EACH ACCIDENT \$			63	68								
	63	68				64									
OPTIONAL MEDICAL PAYMENTS	62	64	EACH PERSON \$		OPTIONAL TOWING & LABOR	65									
	63	67				67									
COMPULSORY UNINSURED MOTORIST	62	68	CSL	BI EAPER \$	OPTIONAL COMPREHENSIVE	69									
	63	67	BI EACH ACCIDENT \$			70									
	64		PROPERTY DAMAGE \$												
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL	BI EAPER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	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 COLLISION	69									
	NO		\$			70									
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH							
	NO		\$												
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	COVERAGE IS:			PRIMARY	SECONDARY					
	NO		EMPLOYERS												
			VOLUNTEERS												
OTHER			PARTNERS		OTHER										

COVERED AUTO SYMBOLS
 (61) 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
 (62) OWNED AUTOS ONLY (85) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (63) OWNED PRIVATE PASS AUTOS ONLY (86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (88) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

(This area is currently blank in the provided 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 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
<i>(Signature)</i>	02/19/2015		

BUSINESS AUTHORIZATION

DARWIN COLINDRES, hereafter the
"Customer," hereby agrees that it has requested of Rapo & Jepsen Insurance Services,
Inc., hereafter "RJIS," that it provide insurance coverage for the business of the Customer
called COLL HANDYMAN and located at
[REDACTED] CHELSEA MA 02150 (the "Business").

The Customer hereby authorizes RJIS to take the following actions on behalf of the Customer:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Preparation of Articles of Organization (corp.) |
| <input type="checkbox"/> | Preparation of Operating Agreement (LLC) |
| <input type="checkbox"/> | Preparation of Partnership Agreement (G.P.) |
| <input checked="" type="checkbox"/> | Preparation of DBA documents |
| <input type="checkbox"/> | Filing of Organizational Documents |


With this authorization, the Customer pays 494.40, being the filing fee for filing of the Organizational Documents.

In signing this Authorization, the undersigned represents to RJIS that it is the duly authorized representative of the Customer and that s/he has the authority to act on behalf of the Business.

The Customer understands and acknowledges that RJIS is an insurance agency. It does not provide legal services, nor advise on matters of law. In providing these services, RJIS makes available standard forms for organization of business entities. For specific advice on legal matters, the Customer should seek legal counsel.

The Customer hereby indemnifies and holds RJIS harmless from any liability which may arise as a result of RJIS providing the accommodations to Customer offered hereunder.

Signed on this 19 day of February, 2015





Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0241875152
Sep 24, 2015 LTR 147C
47- [REDACTED]

DARWIN COLINDRES
COLL HANDYMAN
[REDACTED]
CHELSEA MA 02150

Taxpayer Identification Number: 47- [REDACTED]

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of September 24th, 2015.

Your Employer Identification Number (EIN) is 47- [REDACTED]. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

/s/ Ms. Field
1001808891
Customer Service Representative

EXHIBIT 9

Joao Lima/W and J Painting Corporation

W AND J PAINTING CORP.

FACTS

1. THE CORPORATION WAS SETUP ON **JANUARY 5TH, 2015**. POINT INSURANCE DID NOT SETUP THE CORPORATION FOR THE INSURED.
2. INSURANCE POLICY APPLICATION WAS SIGNED BY THE INSURED ON **JANUARY 6TH, 2016**. (SEE ATTACHED)
3. INSURANCE POLICY RE-WRITE APPLICATION WAS SIGNED BY THE INSURED ON **JANUARY 8TH, 2017**. (SEE ATTACHED)
4. INSURED PROVIDED COPY OF BUSINESS BANK ACCOUNT DEBIT CARD (SEE ATTACHED)
5. INSURED PROVIDED COPY OF BUSINESS INFORMATIONAL PAMPHLET (SEE ATTACHED)
6. PER RULE 61 THE VEHICLE ON THE POLICY IS ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLE BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. (SEE ATTACHED)

SIU INTERVIEW CONTRADICTIONS

1. **THE INSURED STATES THAT OUR AGENT SAID HE COULD INCLUDE ANYONE WITH A MASSACHUSETTS LICENSE, BUT WHAT WAS REALLY SAID IS THAT THE INSURED SHOULD INCLUDE ANY EMPLOYEE OR HOUSEHOLD MEMBER TO THE POLICY THAT HAS A MASSACHUSETTS LICENSE.**
2. **THE INSURED SAID DURING THE SIU INTERVIEW THAT HE WAS ONLY DRIVER OF THE LISTED VEHICLE. WHAT HE TOLD OUR AGENT, HOWEVER, IS THAT HIS GIRLFRIEND WOULD BE DRIVING THE TRUCK. OUR AGENT WAS ALSO VERY CLEAR THAT HE SHOULD NOT DRIVE THE CAR UNTIL HIS LICENSE WAS LISTED ON THE POLICY.**

POINT INSURANCE

Cristina Galvin

Re: W AND J PAINTING CORP

Policy 1020061981

To whom it may concern;

This letter will serve as a written statement addressing an interview made by Ed Spellman from Arbella's SIU department with our customer: Joao Batista De Lima JR on February 2, 2017, President of W and J Painting Corp.

Prior to writing the policy, I asked Mr. Lima Jr, if he still operates his business as a painter and if his address was correct. Mr. De Lima Jr said that he has his own painting company, so next I asked him for vehicle information, including the registration or title for his vehicle. As I was filling out the quote information, I asked for his driver's license, and he told me that he had a Brazilian license. He said that he did not have it on him at the time, but his girlfriend in any case would be the one driving his car. I explained to him that he could not drive the vehicle unless his name was listed on the policy as a driver. I also informed Mr. De Lima Jr that all customary drivers, including household members and employees, should be listed on his policy.

While we went forward with the quote, he mentioned to me that he only had the driver's license number, name and date of birth for his girlfriend "Stacey Mattera". I told him that was "fine for now," but asked him to make sure to bring a copy of her license to put on file. After he gave me Stacey's information, I ran the registry database to check if her license was active.

I never mentioned Walkira Jota to the customer because he had answered my questions about list all customary drivers, household members and employees regardless of what state license is from. As long as driver's license is active, I could add the driver to the policy.

Never once have I mentioned to customer that he need "anybody" like "Stacey" to have a valid license so I could renew his policy.

The application was submitted to Arbella using their new guidelines and policy was reviewed by an underwriter and approved.

X: 

Cristina Galvin

09/07/2017

To whom it may concern,

My name is Joao Batista De Lima Jr., I am president and operator of my painting company incorporated as W and J Painting Corp. I would like to make it clear that I did request Cristina from Point Insurance in Marlborough to add my girlfriend Stacey A. Mattera as a driver to my policy. Cristina explained to me that to qualify to be a listed driver the person had to be either an employee or household member. I told her to add my girlfriend as she did fit into those requirements. I did not add my Brazilian license on the application because I did not have it with me at the time that I went to the insurance agency. My girlfriend does drive the company vehicle very often, therefore, making it necessary for her license to be added on to the policy. Also, Walkira Juta was not added again, because she is my ex-wife and did not drive my car anymore.

Thank you!

Joao Batista De Lima Jr.

Joao Batista De Lima Jr.

08/11/17

Date

August 11th, 2017
11:48 am
J2

A quem possa interessar,

Meu nome é Joao Batista De Lima Jr., eu sou o presidente e operador da minha empresa de pintura incorporada como W e J Painting Corp. Gostaria de deixar claro que pedi Cristina da Point Insurance para adicionar minha namorada Stacey A. Mattera como motorista da minha apólice. Cristina me explicou que para se qualificar para ser um motorista, a pessoa precisava ser um empregado ou um membro da minha residência. Eu disse a ela para adicionar minha namorada como ela se encaixava nesses requisitos. Eu não adicionei minha licença Brasileira porque não tinha comigo no momento em que fui à agência de seguros. Minha namorada dirige o veículo da empresa muitas vezes, portanto, tornando necessário que sua licença seja adicionada à apólice de seguro. Além disso, Walkira Juta não foi adicionada novamente, porque ela é minha ex-esposa e não dirigi meu carro.

Obrigado!

Joao Batista De Lima Jr.

Joao Batista De Lima Jr.

08/11/17

Data

August 11th, 2017
11:48 am
JL



ARBELLA

W AND J PAINTING CORP

FRAMINGHAM, MA 01702

Agent: 460127
Policy Number: [REDACTED]
Expiration Date: 01/08/2017

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? PLEASURE - SEE ENLARGEMENT

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?
[REDACTED] FRAMINGHAM, MA 01702

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 01 Part-time _____

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

JOAO JUNIOR
WALKIRIA JOTA

Provide legible color copies of all licenses of operators of the insured vehicle.


PLEASE REFER W/ ORIGINAL APPLICATION

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: 12.19.06
Print Name: JOAO JUNIOR
Agent's Signature: [Signature] Date: _____

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

Date of this notice: 01-05-2015

Employer Identification Number:
47-██████████

Form: SS-4

Number of this notice: CP 575 A

W AND J PAINTING CORP
██████████
MARLBOROUGH, MA 01752

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 47-██████████. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8932, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Cristina Galvin		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No. Ext): 5084800054		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER	
FAX (A/C, No.):		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
E-MAIL ADDRESS: cristina@pointinsure.com		PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
CODE: SUB CODE: 0127		GLASS AND SIGN		ELECTRONIC DATA PROC	BOILER & MACHINERY
AGENCY CUSTOMER ID:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN
CHANGE	DATE	TIME	01-08-2017	01-08-2018	X DIRECT BILL
CANCEL					AGENCY BILL
		AM			No Audit
		PM			

NAME (First Named Insured & Other Named Insureds) W AND J PAINTING CORP		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) MARLBOROUGH MA 01752	
FEIN OR SOC SEC # (of First Named Insured): 47- [REDACTED]	PHONE (A/C, No. Ext):	WEBSITE ADDRESS(ES):	
E-MAIL ADDRESS(ES):		CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS	
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: JOAO LIMA	
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 REVENUE	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) PAINTING
--

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 816 for Liability Exposure and/or ACORD 816 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 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 <i>X Soto Balsa Lima Junior</i>	DATE 01/03/17	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
--	------------------	----------------------	--------------------------

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
BILLY	61	67	BI	EACH PERSON \$	OPTIONAL COMPREHENSIVE	62	67					
	62	68	BI	EACH ACCIDENT \$		63	68					
	63	71				64						
	64					65						
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	E	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	65						
	63	67				67						
COMPULSORY UNINSURED MOTORIST	62	68	CSL	EAPER \$	TRAILER INTERCHANGE							
	63	67	BI	EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64			PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	69						
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL	EAPER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70					
	62	67		BI	EACH ACCIDENT \$	OPTIONAL COLLISION	69					
	63	68			MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	70					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO						STATES	# DAYS	# VEH			
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE \$	IF ANY BASIS		STATES	# DAYS	# VEH			
	NO					STATES	# DAYS	# VEH				
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE							
	NO		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
OTHER					OTHER	COVERAGE IS:	PRIMARY	SECONDARY				

(61) OWNED PRIVATE PASS AUTOS ONLY
 (62) OWNED AUTOS ONLY
 (63) OWNED COMMERCIAL AUTOS ONLY
 (64) OWNED AUTOS SUBJECT TO NO-FAULT
 (65) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (66) SPECIFICALLY DESCRIBED AUTOS
 (67) HIRED AUTOS ONLY
 (68) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (69) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) 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.

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
<i>Isabel BAISTA de Lima JUN 01 08 17</i>			

Reference# CA-NB-47331 Submitted Date 01-06-2015



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
12-31-2014

AGENCY APO & JEPSEN INS SERVICES INC 1102 COMMONWEALTH AVE BOSTON MA 02215 cristina@rapoandjepsen.com		CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.
INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)	EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKER/MOTOR CARRIER
PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: 0127 AGENCY CUSTOMER ID:		POLICY NUMBER [REDACTED]	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: 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: 01-06-2015 PROPOSED EXP DATE: 01-06-2015	BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN:	AUDIT:
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APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) W AND J PAINTING CORP		MAILING ADDRESS INCL ZIP# (of First Named Insured) MARLBOROUGH MA 01752	
FEIN OR SOC SEC # (of First Named Insured): 47- E-MAIL ADDRESS(ES):	PHONE (A/C, No, Ext):	WEBSITE ADDRESS(ES):	
<input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> S. CHAPTER'S CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LLC NO OF MEMBERS AND MANAGERS:	CR BUREAU NAME ID NUMBER:	DATE BUS STARTED 2014
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: JOAO BATISTA JUNIOR	
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	PHONE (A/C, No, Ext):	F-MAIL ADDRESS:

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP#4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

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

PAINTING

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 3 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)

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APPLICANT'S SIGNATURE X. J. JUNIOR	DATE 01/06/15	PRODUCER'S SIGNATURE [Signature]	NATIONAL PRODUCER NUMBER
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ACORD 125 (2005/06)

PLEASE COMPLETE REVERSE SIDE

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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
BODILY INJURY LIABILITY	61 67 62 68 63 71 64	BI EACH PERSON \$ BI EACH ACCIDENT \$		OPTIONAL COMPREHENSIVE	62 67 63 68 64	\$
COMPULSORY PERSONAL INJURY PROTECTION	65 67	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		OPTIONAL SPECIFIED CAUSES OF LOSS	62 67 63 68 64	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW \$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61 64 71 62 67 63 68	EACH ACCIDENT \$		OPTIONAL COLLISION	62 67 63 68 64	\$
OPTIONAL MEDICAL PAYMENTS	62 64 63 67	EACH PERSON \$		OPTIONAL TOWING & LABOR	63 67	\$
COMPULSORY UNINJURED MOTORIST	62 66 63 67 64	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		TRAILER INTERCHANGE		
				OPTIONAL COMPREHENSIVE	59 70	
OPTIONAL BODILY INJURY TO OTHERS	61 64 71 62 67 63 68	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL SPECIFIED CAUSES OF LOSS	69 70	
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		OPTIONAL COLLISION	69 70	\$
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$			STATES # DAYS # VEH	
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS		OPTIONAL HIRED PHYSICAL DAMAGE		
OTHER				OTHER	COVERAGE IS PRIMARY SECONDARY	
COVERED AUTO SYMBOLS		(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

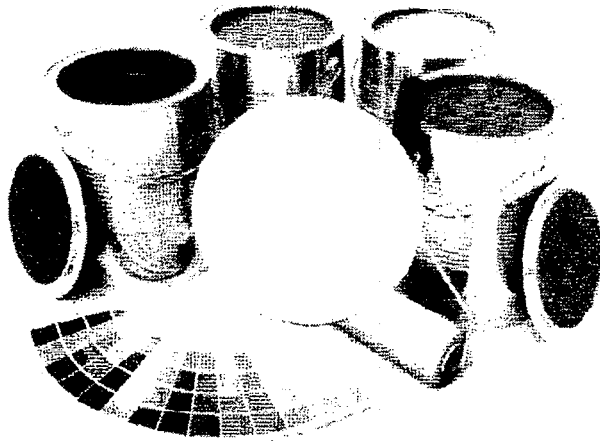
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FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your 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 <i>X Jingo junior</i>	DATE <i>01/16/15</i>	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
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WJ PAINTING

POWER WASHING / GARDENING
WINDSCREEN REPAIR

Interior / Exterior / Commercial / Residential

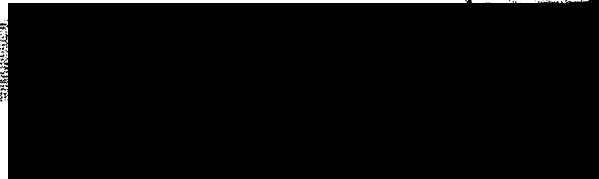
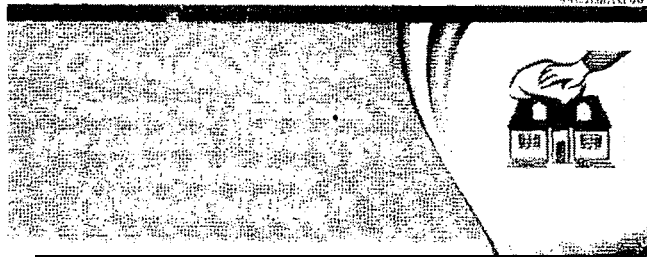
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of the project, and
completely respectful of your
residence or office.
We welcome your question
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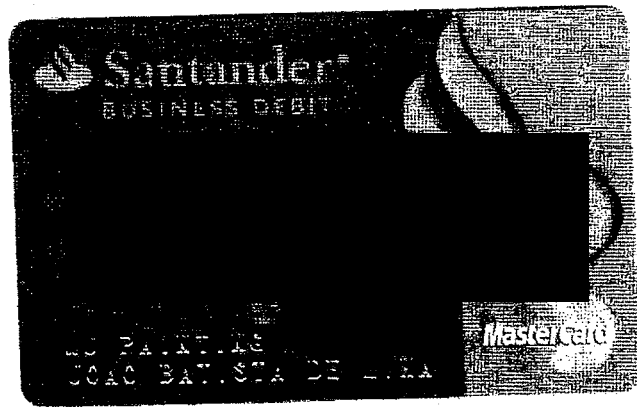


EXHIBIT 10

Onil Auto Care, Inc.

ONIL AUTO CARE INC.

FACTS

- 1- THE CORPORATION WAS SETUP ON MARCH 1st, 2016. POINT INSURANCE DID NOT SETUP THE CORPORATION FOR THE INSURED.
- 2- BUSINESS USE COMPLIANCE WAS SIGNED BY THE INSURED CONFIRMING COMMERCIAL USE OF VEHICLE. (SEE ATTACHED)
- 3- THE RENEWAL APPLICATION WAS SIGNED BY THE INSURED ON MARCH 2nd, 2017. (SEE ATTACHED)
- 4- THE INSURED'S BUSINESS HAS ACTIVE WORKERS' COMPENSATION COVERAGE.
- 5- PER RULE 61 BOTH VEHICLES ARE ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLES BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER

SIU INTERVIEW CONTRADICTIONS

- 1- INSURED INDICATED TO POINT INSURANCE THAT HE MAINTAINED A "SIDE" AUTO BODY BUSINESS, A FACT THAT WAS OMITTED IN THE INTERVIEW BUT LATER CORROBORATED BY A SIGNED STATEMENT FROM THE INSURED.
- 2- THE INSURED STATES THAT HE DID NOT REMEMBER RECEIVING THE ARBELLA RENEWAL APPLICATION, YET IN THE SAME INTERVIEW ADMITS HE CAME INTO OUR OFFICE FOR HELP FILLING OUT THE FORMM, THEREBY CONFIRMING HE DID RECEIVE THE FORM FROM ARBELLA.
- 3- THE INSURED STATES THAT HE WAS NOT INVOLVED IN FILLING OUT ARBELLA'S RENEWAL APPLICATION. IN FACT, THE INSURED PROVIDED ALL OF THE INFORMATION LISTED ON THE FORM AND SIGNED OFF ON THE RENEWAL APPLICATION UNDER PAINS AND PENALTY OF PERJURY.
- 4- THE INSURED INDICATES THAT OUR AGENCY ALSO QUOTED A PERSONAL AUTO POLICY FOR HIM. THAT IS CORRECT. IF THE INSURED DOESN'T HAVE A BUSINESS AT ALL, WHY DIDN'T HE CHOOSE THE PERSONAL AUTO POLICY OPTION? INSTEAD, HE DECIDED TO SETUP A WORKER'S COMPENSATION POLICY, CONFIRMING THAT HE DOES HAVE A BUSINESS AND CONFIRMING THE NEED FOR A COMMERCIAL AUTO POLICY.

POINT INSURANCE

Lucas S. Lemes
Re: Onil Auto Care Inc

To whom it may concern,

This letter will serve as a written statement detailing the events that took place on March 2nd, 2017. This statement will clarify what actually happened when Mr. Onil Issael Rivas-Martinez came to Point Insurance's Everett location to renew his business' commercial auto policy.

First and foremost, the insured did in fact state he had a small business operation aside from his full-time employment at A&M Auto Body. As seen on the Commercial Auto Renewal Application, the insured signed and dated under pains and penalty of perjury, that he in fact had a business and that he operated that business part-time. At that time, I also asked him if he had filed income to the IRS and Massachusetts Department of Revenue for Onil Auto Care Inc. He said he had not filed income for his business. I then asked him if he had a General Liability or Worker's Compensation policy for Onil Auto Care Inc. He also said he did not have any additional policies for his business. Obviously we don't provide tax preparation services, therefore, I told him the only other options he would have within our agency would be to purchase a General Liability or Worker's Compensation policy, or switch to a personal auto policy as he did not qualify for a commercial auto policy under Arbella's renewal guidelines at the time. I quoted all three options for him. Out of the three options I gave him, he made a conscious decision to purchase a Worker's Compensation policy, and that's exactly what I did for him.

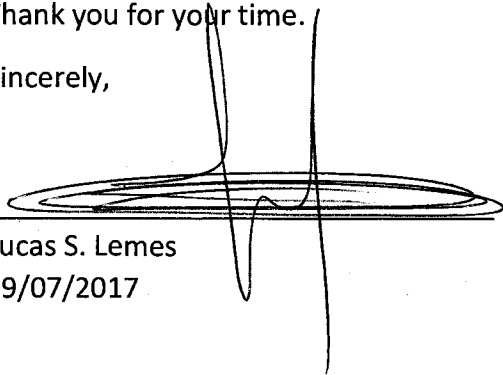
During the interview performed by Mr. Edward Spellman with Mr. Onil Issael Rivas-Martinez, which was translated by Jose Hernandez, the insured contradicts himself more than once. On the third question by Mr. Spellman, the insured responded that he did not have a business. As stated in the paragraph above, however, he confirmed with me that he had a small business on the side when I helped him fill out his form. Later in the interview, he admits he did not say that he did not have a business when speaking to me, which is correct. But in the next sentence, he says he told me he didn't have a business. He goes on to say that he told me he had a fake business just for insurance, which is completely false, as he told me he had a small business on the side. So does he or does he not have a business? It's hard to tell by his contradictions. Later on he also responds that he didn't remember receiving a renewal application in the mail. But as the conversation goes on he does admit coming to our office for help filling out the form, therefore admitting and confirming that he did receive the form. He later says I quoted him a personal auto policy, which is correct. His statement confirms that I explained all options available to him. I was willing to help re-registering the cars for him if needed, but I did not tell him that the "better option" was to purchase a Worker's Compensation policy because of pricing. He made that conclusion on his own after seeing all of the options I had given him.

The insured also mentions he had nothing to do with filling out the renewal form, and that all he did was sign the form. If that's the case, how would I know he works full-time at A&M Auto Body, and that he has a side business which he operates part-time? And how would he know about all the options we had for him if we did not go through the process with him?

Please see the attached a declarations in Spanish and English signed by Mr. Onil Issael Rivas-Martinez stating he does in fact have a business. He also states what the use of each vehicle and function of each listed driver is within the business. These declarations were signed on August 2nd, 2017, contradicting what he stated to Mr. Edward Spellman on March 10th, 2017.

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lucas S. Lemes'. The signature is written over a horizontal line and consists of several loops and a long vertical stroke extending downwards.

Lucas S. Lemes
09/07/2017

POINT INSURANCE

1885 Revere Beach Parkway
Chelsea, MA 02150
(617) 381-6240
(617) 381-6326

Policyholder: Onil Auto Care Inc.

Insurance Carrier: Arbella Insurance

Policy Number: [REDACTED]

Regarding: Business Ownership/Vehicle Use

I, Onil Issae) Rivas Martinez president/owner of Onil Auto Care Inc., assure and acknowledge that I am a business owner, where we offer auto body services. I also assure and acknowledge that Jose I. Melgar and I are the listed drivers of the two vehicles included in the policy. I use 2012 Honda Civic for personal and business purposes and Jose I. Melgar uses the 2006 Kia Sedona for pleasure use.

Onil Martinez
Insured's Signature

8-2-12
Date

Onil Issae) Rivas Martinez
Printed Name

POINT INSURANCE

1885 Revere Beach Parkway
Chelsea, MA 02150
Phone: (617) 381-6240 - Fax: (617) 381-6326
www.pointinsure.com

Asegurado: Onil Auto Care Inc.

Compañía de Seguros: Arbella Insurance

Numero de Poliza: XXXXXXXXXX

Asunto: Propiedad del Negocio/Usos de vehículos

Yo Onil Issael Rivas Martinez, presidente/propietario de Onil Auto Care Inc., aseguro y reconozco mediante este medio que soy el dueño de este negocio, donde ofrecemos servicios de carrocería. También aseguro y reconozco que José I. Melgar y yo somos los conductores de los dos vehículos enlistados en la póliza de seguro. Yo utilizo el 2012 Honda Civic para propósitos personales y comerciales, José I. Melgar utiliza el vehículo Kia Sedona 2006 solo por placer.

Onil Martinez

Firma del Asegurado

8-2-17

Fecha

Onil Issael Rivas Martinez

Nombre Escrito



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, 617-745-2980, 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: 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: [REDACTED]

If you have your own business, what is the address for your principal place of business?
[REDACTED] 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 _____ 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] Date: 03-02-17
 Print Name: Onil Issael Rivas - Martinez
 Agent's Signature: _____ Date: _____

Business Use Compliance

I, Orvil Rivas (Customer) recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial automobile policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

(Auto body) Orvil Auto Care (Ex. Cleaning, Construction, etc.)

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply for this number on my behalf.

Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

No

Orvil Rivas
Signature of Customer

Phone

*** Please note that if an agent assists you in obtaining an EN number, they are not responsible for any accounting or future responsibilities regarding the Employer Identification Number. You should consult with an accountant if you have any further questions. ***

NOTIFICACION INPORTANTE

**ATTENCION LEA POR FAVOR LA INFORMACION CUIDADOSAMENTE ANTES
DE FIRMAR LA PRESENTE DECLARACION**

CERTIFICATION DE MANEJO NO REVELADA

Yo certifico de buena fe que he declarado o enlistado en la aplicacion para seguro auto a todos mis familiares y personas o posibles conductores que residen en mi domicilio como operadores del vehiculo (s) asegurados, sea que los mismos vivan o no conmigo con excepcion de lo siguientes sea que:

- 1) No tengan la edad legal de manejo.
- 2) Que tengan su propia poliza de seguro de auto (previa prueba provista del mismo)

Yo tambien cerifico o declaro que solo aquellos enlistados en la aplicacion de seguro son conductores autorizados no existe ninguna otra persona (s) sea viviendo en mi domicilio o no como ser (hijos, padres, parientes, amigos, companeros de apartamento, etc) que tengan uso regular de este u otro vehiculo asegurado bajo mi poliza.

Yo entiendo que la compania de seguro no proveera cobertura bajo esta poliza si algun tipo de declaracion fraudulenta o envolvimento en alguna conducta fraudulenta o cualquier declaracion falsa en conexion utilizada para obtener una poliza de seguro con la compania o tratar de obtener cobertura por cualquier accidente o perdida bajo la misma.

Ademas entiendo que si se determina que yo falle en proveer la informacion adecuada a cerca de cualquier residente o familiar como conductor de alguno de los vehiculos asegurados en mi poliza o si provei informacion falsa del mismo la compania aseguradora negara cobertura de cualquier reclamacion o accidente con la posterior posibilidad de cancelar la poliza.

Orin Rivas
Nombre

Orin Rivas
Insured Signature

10-31-16
Date

Lucas Lemes
Nombre de Agente

[Signature]
Firma de Agente

10-31-16
Date

VIII. APPLICANT'S AGREEMENT

By signing this application, I certify under the pains and penalties of perjury that:

- (i) I am the employer or have been authorized by the employer to complete this application and any necessary Supplemental Applications on its behalf;
- (ii) All information provided on this application and on any Supplemental Applications and attachments is true;
- (iii) I understand that the WCRIBMA and the assigned carrier are relying on this information when providing coverage;
- (iv) I understand that I have a continuing obligation to promptly notify the assigned carrier of changes in the type of work conducted, the amount of payroll, the business name, legal status or ownership, or a change in the mailing address or business location; and
- (v) I have read and understand the following statements to which I agree by signing this application.

In consideration of the issuance of a Notice of Assignment and subsequent policy of insurance, I hereby certify, under the pains and penalties of perjury, that:

- 1 I made a good faith effort, but failed to obtain coverage through the voluntary MA workers' compensation insurance market;
- 2 I am not knowingly in default of premium on any MA workers' compensation insurance policy;
- 3 I have complied and will continue to comply with all laws, orders, rules and regulations in force and effect relating to the welfare, health and safety of employees, including but not limited to:
 - a. Allowing the carrier to make a careful inspection of my operation for the purpose of measuring the hazards, making recommendations for the health and safety of employees, and determining the rate or rates which are adequate and reasonable;
 - b. Complying with the carriers' reasonable recommendations aimed at controlling or reducing the hazard(s) insured against;
 - c. Keeping records of information needed to compute premium and providing the carrier with copies of those records when asked for them; and
 - d. Fully cooperating with the carriers' attempts to conduct premium audits or inspections of the premises for loss control purposes.

I understand that the employer's compliance with each of these certifications is material to the issuance of assigned risk pool coverage.

ONIL AUTO CARE INC 3/2/2017 ONIL MARTINEZ PRESIDENT
 Business Name of Applicant Date Signature Title

Signer's Email Address [REDACTED]

Original Signature For Printed Copy: *Onil Martinez*

NOTICE:

This insurance is being provided through the MASSACHUSETTS WORKERS' COMPENSATION ASSIGNED RISK POOL, and not through the voluntary market. The employer's non-compliance with certifications 1, 2 and 3 (a - d) may, to the extent allowed by Massachusetts law, cause the carrier to initiate a mid-term cancellation.

FRAUD NOTICE:

Massachusetts General Law, Chapter 152, Section 14(3) provides:

"(A)ny person who knowingly makes any false or misleading statement, representation or submission or knowingly assists, abets, solicits or conspires in the making of any false or misleading statement, representation or submission, or knowingly conceals or fails to disclose knowledge of the occurrence of any event affecting the payment, coverage or other benefit for the purpose of obtaining or denying any payment, coverage or other benefit under this chapter; and any person or employer who knowingly misclassifies employees or engages in deceptive employee leasing practices for the purpose of avoiding full payment of insurance premiums ... shall be punished by imprisonment in the state prison for not more than five years or by imprisonment in jail for not less than six months nor more than two and one-half years or by a fine of not less than one thousand nor more than ten thousand dollars, or by both such fine and imprisonment."

IX. AGENCY INFORMATION AND PRODUCER'S STATEMENT

The producer hereby certifies, under the pains and penalties of perjury, that all information provided is true to the best of his/her knowledge and belief and that he/she made a good faith effort to place the coverage in the voluntary market as required by M.G.L., C. 152, Section 65A.

POINT INSURANCE INC 811817807 2000773
 Name of Agency FEIN Producer License #

1885 REVERE BEACH PARKWAY
 Mailing Address of Agency

EVERETT MA 02149 617-381-6240
 City State Zip Phone

BRUNO ROZEMBARQUE
 Producer Name

BRUNO ROZEMBARQUE 03/02/2017
 Signature of Producer Date

Signer's Email Address LUCIANA@POINTINSURE.COM

Original Signature For Printed Copy: _____

By checking this box, I certify that I am the producer of record.

By checking this box, I certify that I have reviewed Section VIII of the application with the applicant prior to his/her signing.

By checking this box, I hereby acknowledge the signatures to this application as original signatures. I request, on behalf of the applicant, the designation of an insurance company to provide insurance in accordance with the provisions of the Massachusetts Workers' Compensation Assigned Risk Pool, and I certify that I have reviewed the applicant's responsibilities with the applicant and will retain a copy of the completed application with the applicant's and the producer's original signatures for a period of not less than five (5) years.



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0248844257
Feb 16, 2016 LTR 147C
98-1291247

~~ONIL AUTO CARE INC~~
[REDACTED]
CHELSEA MA 02150

Taxpayer Identification Number: 98-[REDACTED]

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of February 16th, 2016.

Your Employer Identification Number (EIN) is 98-[REDACTED]. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call 1-267-941-1000. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

T MARSHALL
1000196264
Customer Service Representative



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (7PJUB-7H94502-9-17)

NEW-17

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

NCCI CO CODE: 13579

1.

INSURED:

ONIL AUTO CARE INC
[REDACTED]
CHELSEA MA 02150

PRODUCER:

POINT INSURANCE INC
1885 REVERE BEACH PARKWAY
EVERETT MA 02149

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 03-03-17 to 03-03-18 12:01 A.M. at the Insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$	100000	Each Accident
Bodily Injury by Disease: \$	500000	Policy Limit
Bodily Injury by Disease: \$	100000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06B

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 03-17-17 HS
OFFICE: DIRECT ASSIGNMENT 701
PRODUCER: POINT INSURANCE INC

ST ASSIGN: MA

79BFS



EXHIBIT 11

Carlos Desouza

CARLOS DE SOUZA

FACTS

- 1- POINT INSURANCE DID NOT SETUP THE SOLE PROPRIETORSHIP FOR THE INSURED. THE SOLE PROPRIETORSHIP WAS SETUP PRIOR TO THE INSURED'S FIRST ARBELLA POLICY.
- 2- INSURED IS ALSO INCORPORATED UNDER NENEM NUTRITION FITNESS INC. (SEE ATTACHED)
- 3- INSURED'S CORPORATION HAS A GENERAL LIABILITY POLICY FOR PERSONAL TRAINING SERVICES. (SEE ATTACHED)
- 4- THE NEW BUSINESS COMMERCIAL AUTO INSURANCE APPLICATION WAS SIGNED BY THE INSURED ON **SEPTEMBER 19TH, 2011**. (SEE ATTACHED)
- 5- THE RENEWAL APPLICATION WAS SIGNED BY THE INSURED ON **MARCH 7TH, 2017**. (SEE ATTACHED)
- 6- THE INSURED'S VEHICLE WAS REGISTERED AND FINANCED UNDER BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER. (SEE ATTACHED)
- 7- PER RULE 61 VEHICLE IS ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLE BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

- 1- THE INSURED INITIALLY STATES THAT HE FILLED OUT MOST OF THE RENEWAL APPLICATION, BUT LATER INCONSISTENTLY STATES THAT OUR AGENT FILLED OUT THE ENTIRE FORM AND ALL HE DID WAS SIGN THE APPLICATION.
- 2- THE INSURED STATES THAT SINDY SABINO DRIVES THE CAR "MAYBE TWICE A YEAR, THREE TIMES A YEAR THE MOST", ALTHOUGH HE SIGNED A STATEMENT CONFIRMING THAT SHE DRIVES HIS VEHICLE AND IS A BUSINESS PARTNER AND PERSONAL TRAINER WITHIN HIS BUSINESS.
- 3- THE INSURED STATES THAT SINDY SABINO DRIVES THE CAR TO WORK AT SALEM BANK WHENEVER HER CAR IS BEING WORKED ON, THEREFORE MAKING IT RECOMMENDABLE FOR HER TO BE ADDED ON THE POLICY BECAUSE SHE IS NOT ONLY A FAMILY MEMBER BUT ALSO OCCASIONALLY DRIVES THE CAR.

POINT INSURANCE

Leandro Rodrigues

Point Insurance Inc

1885 Revere Beach Pkwy – Everett, MA 02149

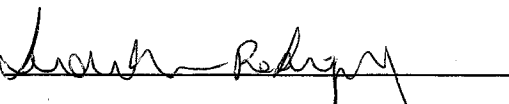
RE: Carlos Desouza

On March 9th 2017 Mr. Desouza was interviewed by Mr. Spellman of Arbella's SIU Dept.

The main issue raised by Mr. Spellman relates to why Mr. Desouza's sister, Ms. Sabino, was added as a driver on his policy. Mr. Desouza told SIU that his sister occasionally drives the vehicle and he had previously confirmed in writing that his sister was his business partner and a driver of the vehicle.

The Arbella website submission form, the original Acord application and Arbella's renewal application all **require** the applicant to identify family members and household members who drive the vehicle. Mr. Desouza had previously certified to Point that his sister was his business partner who operated the vehicle and he affirmed that again in his interview with Mr. Spellman and again in a statement being submitted to CAR. Under Arbella's rules, we were obligated to identify her as a driver on the policy and I told him she should be listed. We listed her as driver on the renewal application. Also, Arbella made clear to Point many times that anybody who may or customarily may drive a car must be listed as a driver on the policy. I have absolutely no recollection of Mr. Desouza telling me that his sister was not his employee or did not drive the vehicle and I would not have put her name on the renewal application, or instructed him to do so, if he had told me she did not drive the vehicle.

It is clear that Mr. Desouza has the need for a commercial policy, and also clear that every driver who drives his vehicles needed to be (and were) listed in the policy.

X: 
Leandro Rodrigues 09/07/2017

To whom it may concern;

My name is Carlos DeSouza, I was the owner of policy [REDACTED] with Arbella Insurance. I am self-employed as a personal trainer and distributor of health and personal fitness products. I do have the need for a commercial auto policy, and to my understanding qualify for a commercial auto policy.

Also, I did include my sister onto the policy for the simple reason that she drives my car quite often. She has a Massachusetts license so I didn't see an issue with letting her use my car even if it were for her personal use, and felt like it would be safer to add her on to my insurance just in case there was an accident.

During my interview with Mr. Edward Spellman I might have answered a few questions incorrectly. Not because I don't have a legitimate business, or because I am trying to hide something from Arbella. I answered incorrectly because Mr. Spellman asked me so many questions, and made me feel so uncomfortable that I felt as if he was going to cancel my insurance on the spot, as if everything I answered was wrong. That played with my head and I twisted up my words because of it. Because I felt so harassed, I decided to insure my car elsewhere through Commerce Insurance. Although I wish I could have stayed with Point Insurance, I have had a great experience with Commerce Insurance, they have not given me a hard time, and never made overbearing questions like Arbella did.

Thank you for taking the time to read my statement.



Carlos DeSouza

[REDACTED]
Everett, MA 02149

08.11.17

Date

August 11th, 2017
2:48 pm
C.S

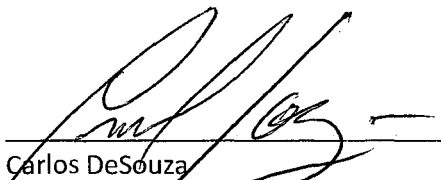
A quem possa interessar;

Meu nome é Carlos DeSouza, eu era o proprietário da apólice de seguro [REDACTED] com a Arbella Insurance. Eu sou um trabalhador independentemente como Personal Trainer e distribuidor de produtos de saúde e fitness. Eu tenho a necessidade de uma apólice de automóvel comercial e, na minha opinião, qualifico para uma apólice automóvel comercial.

Além disso, incluí minha irmã na apólice pelo simples fato de que ela dirige meu carro com bastante frequência. Ela tem uma licença de Massachusetts, por isso não vi um problema em dar a ela autorização para usar meu carro, mesmo que fosse para seu uso pessoal, e senti que seria mais seguro adicioná-la ao meu seguro apenas no caso de que tivesse um acidente.

Durante a minha entrevista com o Sr. Edward Spellman, eu posso ter respondido algumas perguntas incorretamente. Não porque eu não tenha um negócio legítimo, ou porque estou tentando esconder algo de Arbella. Eu respondi incorretamente porque o Sr. Spellman me fez tantas perguntas e me sentia tão desconfortável que sentia como se ele fosse cancelar meu seguro no mesma hora, como se tudo o que eu respondesse estava errado. Isso mexeu com a minha cabeça e torci as minhas palavras por causa disso. Porque eu me senti tão assediado, que decidi assegurar meu carro em outro lugar através da Commerce Insurance. Embora eu desejasse poder ter ficado com a Point Insurance, tive uma ótima experiência com a Commerce Insurance, eles não me assediaram, e nunca fizeram perguntas excessivas como fez Arbella.

Obrigado por tomar o tempo para ler minha declaração.



Carlos DeSouza
[REDACTED]
Everett, MA 02149

08.11.17

Data

August 11th, 2017
2:48 pm
C.S



CARLOS DE SOUZA

Agent: 46-0154

EVERETT, MA 02149

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 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

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

S [REDACTED]

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: _____

Mount Vernon Fire Insurance Company

1190 Devon Park Drive
 Wayne, PA 19087
 (888) 523-5545

To: RAPO AND JEPSEN INSURANCE SERVICES, INC.

*** BINDER ***

01/05/2017 @ 4:03 PM

Attn: Leandro Rodrigues
 leandro@rapoandjepsen.com/(617) 381-6240

Commission: 12.5%

Renewal Of: NEW

From: Courtney Coates
 ccoates@usli.com/(888) 523-5545 ext.2161

Insured: **NENEM NUTRITION FITNESS INC.**

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

POLICY INFORMATION

Policy Number:	CL [REDACTED]
Policy Period:	01/05/2017 to 01/05/2018
Carrier:	Mount Vernon Fire Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - X

COVERAGE PART	PREMIUM
Commercial Liability	\$500.00
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

POLICY PREMIUM

COVERED LOCATION(S)

[REDACTED] Everett, MA 02149

APPLICABLE FORMS & ENDORSEMENTS

The following forms apply to the Commercial Liability coverage part.

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 06/15	Exclusion - Unmanned Aircraft	CG2132 05/09	Communicable Disease Exclusion
CG2139 10/93	Contractual Liability Limitation	CG2147 12/07	Employment-Related Practices Exclusion

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature: _____

Title: President

Date: 12-30-16

Brokers Signature: _____

(Must be Owner, Officer or Partner)

(Required)

Date: 12-30-16 (Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: Point Insurance Inc

Address: 1885 Revere Beach Drive Everett MA 02149

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

Reference# CA-NB-22372

Submitted Date 09-19-2011



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
09-19-2011

AGENCY RAPO & JEPSEN INS SERVICES INC 1103 COMMONWEALTH AVE BOSTON MA 02215 LEANDRO RODRIGUES		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF:
PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: AGENCY CUSTOMER ID:		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER	
SUB CODE: 0127		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
		GLASS AND SIGN		ELECTRONIC DATA PROC	BOILER & MACHINERY
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	

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):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE	DATE	TIME	AM	<input checked="" type="checkbox"/> DIRECT BILL	AUDIT
CANCEL			PM	AGENCY BILL	No Audit

APPLICANT INFORMATION				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
NAME (First Named Insured & Other Named Insureds)				EVERETT MA 02149	
CARLOS DE SOUZA DBA: NENEM FITNESS					
FEIN OR SOC SEC # (of First Named Insured): 20-		PHONE (A/C, No, Ext):		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	CR BUREAU NAME	DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS		ID NUMBER	
INSPECTION CONTACT:			ACCOUNTING RECORDS CONTACT: CARLOS DE SOUZA		
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
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
PERSONAL TRAINER

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	X
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
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 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 HIS 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
<i>[Signature]</i>	09/19/11	<i>[Signature]</i>	

Reference# CA-NB-22372

Submitted Date 09-19-2011

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
BODILY INJURY LIABILITY	61 62 63 64	67 68 71	BI EACH PERSON \$ BI EACH ACCIDENT \$		OPTIONAL COMPREHENSIVE	62 63 64	67 68					\$
COMPULSORY PERSONAL INJURY PROTECTION	65 67		PER PERSON \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62 63 64	67 68	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>				\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61 62 63	64 67 68	EACH ACCIDENT	\$	OPTIONAL COLLISION	62 63 64	67 68					\$
OPTIONAL MEDICAL PAYMENTS	62 63	64 67	EACH PERSON	\$	OPTIONAL TOWING & LABOR	63 67						\$
COMPULSORY UNINSURED MOTORIST	62 63 64	66 67	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		TRAILER INTERCHANGE							
OPTIONAL BODILY INJURY TO OTHERS	61 62 63	64 67 68	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COMPREHENSIVE	69 70						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE \$ IF ANY BASIS		OPTIONAL COLLISION	69 70						\$
OPTIONAL TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE \$ IF ANY BASIS		OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
OPTIONAL NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF								
OTHER			EMPLOYEES VOLUNTEERS PARTNERS		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: *[Signature]* DATE: 09/19/11 PRODUCER'S SIGNATURE: *[Signature]* NATIONAL PRODUCER NUMBER: _____



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. *[Handwritten signature]*

05/11/2016

ARBELLA

Transactions: [REDACTED]

Policyholder(s): CARLOS DE SOUZA

[REDACTED]
EVERETT, MA 02149

Mailing Address:

Effective from: 05-11-2016 to 05-11-2017

Policy No.: [REDACTED]

Policy Status: ACTIVE

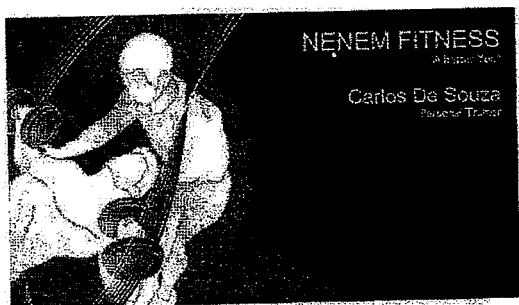
Prior Policy No.: [REDACTED]

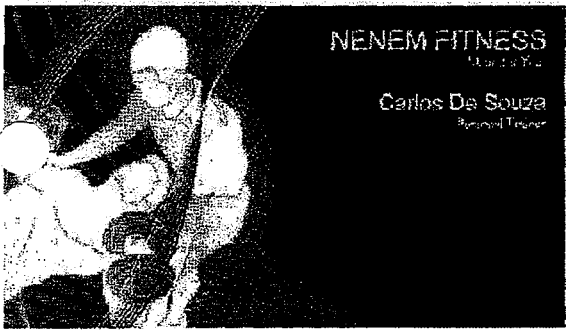
Agency Name: POINT INS INC

Producer Code: 46-0154

OPERATOR - COMMERCIAL AUTO - MA

Name	Birth Date	License	State
SINDY S SABINO	[REDACTED]	S [REDACTED]	MA





WELCOME TO NENEM FITNESS

MEMBERSHIP AGREEMENT

Please fill out all information on both pages. Fees are due at time of registration.

Circle Membership Type: Individual Couple Family Fam4+() Senior Senior
Couple Student

List all participants (Please print):

- 1. _____ M/F D.O.B: ___/___/___ Age: _____ cell: _____
- 2. _____ M/F D.O.B: ___/___/___ Age: _____ cell: _____
- 3. _____ M/F D.O.B: ___/___/___ Age: _____ cell: _____
- 4. _____ M/F D.O.B: ___/___/___ Age: _____ cell: _____

Mailing Address: _____ Home Phone: (_____)

 City/State/Zip: _____ 1. Work Phone: (_____)
 _____ Email: _____
 2. Work Phone: (_____)

Would you like to receive Floyd 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

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 Souza 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>
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>
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

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.

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Use, disclosure or reproduction of this email by anyone other than the intended recipient(s) is strictly prohibited.

EXHIBIT 12

Oseas Lainez-Martinez

LAINEZ BROS PAINTING INC.

FACTS

1. THE CORPORATION WAS SETUP ON **DECEMBER 30th, 2015**, POINT INSURANCE DID NOT SETUP THE CORPORATION FOR THE INSURED.
2. THE INSURED REQUESTED TO CHANGE OWNERSHIP OF THE BUSINESS, CHANGES WERE AUTHORIZED BY INSURED WITH NOTARIZED SIGNATURES OF BOTH FORMER AND CURRENT OFFICERS ON **JANUARY 25th, 2017**.
3. RE-WRITE APPLICATION SIGNED BY THE INSURED ON **JANUARY 25th, 2017**.
4. ON **MAY 4th, 2017**, THE INSURED SIGNED A REQUEST TO DISSOLVE THE CORPORATION.
5. ON **APRIL 25TH, 2017** THE FORMER OFFICER'S VEHICLE WAS RE-WRITTEN WITH ANOTHER CARRIER THROUGH POINT INSURANCE.
6. PER RULE 61 THE VEHICLE ON THE POLICY IS ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLE BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

1. **THE INSURED STATES THAT HE AND HIS BROTHER NEVER SIGNED A FORM AUTHORIZING THE CHANGE OF OWNERSHIP. AS MENTIONED ABOVE, HOWEVER, TRANSFER OF OWNERSHIP WAS SIGNED BY BOTH BROTHERS.**
2. **THE INSURED STATES THAT HE NEVER SIGNED THE RE-WRITE INSURANCE APPLICATION. AS MENTIONED ABOVE, HOWEVER, THE APPLICATION WAS SIGNED BY THE INSURED.**
3. **THE INSURED STATES THAT HE TOLD OUR AGENT THAT HE DID NOT HAVE A BUSINESS. HE NEVER TOLD OUR AGENT THAT; HE BROUGHT HIS BROTHER WITH HIM TO TRANSFER OWNERSHIP OF THE BUSINESS. OUR AGENT SIMPLY DID AS THEY ASKED, WITHOUT ANY KNOWLEDGE OF WHY THEY WERE REQUESTING THE CHANGES.**

POINT INSURANCE

Leandro Rodrigues

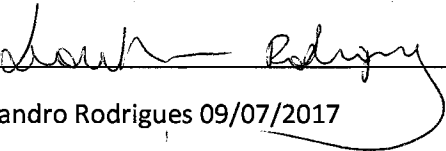
Point Insurance Inc

1885 Revere Beach Pkwy – Everett, MA 02149

RE: Lainez Bros Painting Inc – [REDACTED]

On April 13th 2017 Mr. Spellman interviewed the Lainez brothers.

Jose Lainez-Martinez falsely stated to Mr. Spellman that that he never came to the office. I have on file a signed application by him, as well as a request from his brother Oseas Lainez-Martinez asking that the company to be transferred to his Jose's name. The request is signed by both brothers. I had no knowledge that the two brothers were doing this transfer procedure to re-apply for a new policy.

X:  _____
Leandro Rodrigues 09/07/2017

CHANGE OF OWNERSHIP FOR A CORPORATION

PROVIDE PERSONAL INFORMATION BELOW;

FULL NAME OF OWNER/PRESIDENT (as written on SSN/ITIN): OSEAS JONATAS L MARTINEZ
PHONE #: [REDACTED]
DATE OF BIRTH: [REDACTED]

PROVIDE COMPANY INFORMATION BELOW;

COMPANY NAME: LAINEZ BROS PAINTING INC
MONTH/YEAR THE COMPANY OPENED: 12/30/2015
EIN: 98 [REDACTED]

COMPANY'S PREVIOUS ADDRESS: [REDACTED]
COMPANY'S NEW ADDRESS:

IF ADDING/REMOVING OFFICERS PROVIDE INFORMATION BELOW;

OFFICER'S NAME: NEW OWNE: JOSE R LAINEZ
OFFICER'S ADDRESS: [REDACTED]
ADD _____ REMOVE _____

OFFICER'S NAME: OSEAS J L MARTINEZ
OFFICER'S ADDRESS: [REDACTED]
ADD _____ REMOVE _____

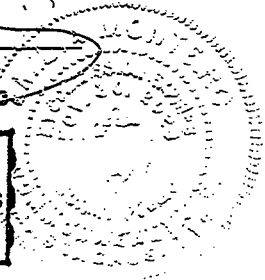
SIGNATURE OF OWNER/PRESIDENT: [Signature] DATE: 01/25/17
SIGNATURE OF NEW OWNER/NEW PRESIDENT [Signature] DATE: 01/25/17

NOTARY PUBLIC

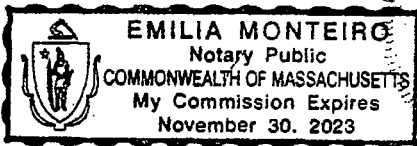
// MIDDLESEX COUNTY / COMMONWEALTH OF MASSACHUSETTS//

On this _____ day of _____, 20____

Before me, the Undersigned Notary Public, personally appeared Oseas J Lainez proved to me through satisfactory evidence of identification, which were El Salvador Passport number [REDACTED] and Jose R. Lainez Proved to me through satisfactory evidence of identification, which were Massachusetts Driver's License number S [REDACTED] to be the persons whose names are signed on the preceding or attached document in my presence.

[Signature]
Notary Public


My Commission expires:



Internal Revenue Service
ATTN: Business Entity, MS343G
Cincinnati, Ohio 45999

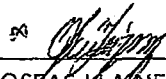
05/04/2017

Regarding: LAINEZ BROS PAINTING | EIN: 98-
REVERE, MA 02151

To whom it may concern,

The above mentioned Employer Identification Number belongs to a company which will no longer be in business. Please close this Employer Identification Number account at your earliest convenience.

Please send confirmation of request completion to the Company's mailing address at your earliest convenience. Thank you for your attention to this matter.



OSEAS J. LAINEZ-MARTINEZ - VICE PRESIDENT

REVERE, MA 02151



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 LEANDRO RODRIGUES		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C No, Ext): 617-381-6240 FAX (A/C No): E-MAIL ADDRESS: leandro@pointinsure.com CODE: SUB CODE: 0127		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER	
AGENCY CUSTOMER ID:		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
		GLASS AND SIGN		ELECTRONIC DATA PROC	BOILER & MACHINERY
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	01-23-2017	01-23-2018	X DIRECT BILL		No Audit
CANCEL					AGENCY BILL		

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds) LAINEZ BROS PAINTING INC			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) REVERE MA 02151
FEIN OR SOC SEC # (of First Named Insured): 98 -	PHONE (A/C, No, Ext):	WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	CR BUREAU NAME	ID NUMBER
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: JOSE R LAINEZ	
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
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

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

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 815 for Liability Exposure and/or ACORD 816 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 <i>Jose R Lainez</i>	DATE 1-25-17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
---	-----------------	--	--------------------------

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE											
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE								
BODILY INJURY LIABILITY	81	67	BI EACH PERSON \$		OPTIONAL COMPREHENSIVE	62	67									
	82	68	BI EACH ACCIDENT \$			63	68									
	83	71				64										
	84															
COMPULSORY PERSONAL INJURY PROTECTION	85	1	PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP						
	87		YOURSELF	YOURSELF AND FAMILY MEMBERS		63	68	F	FTW							
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	81	84	EACH ACCIDENT \$		OPTIONAL COLLISION	62	67									
	62	67					63	68								
	63	68					64									
OPTIONAL MEDICAL PAYMENTS	82	84	EACH PERSON \$		OPTIONAL TOWING & LABOR	63										
	63	67					67									
COMPULSORY UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE											
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE					
	64		PROPERTY DAMAGE \$		OPTIONAL COMPREHENSIVE	69										
OPTIONAL BODILY INJURY TO OTHERS	81	84	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70										
	62	67	BI EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS	69										
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL SPECIFIED CAUSES OF LOSS	70										
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	69										
	NO		\$			70										
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH								
	NO		\$													
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE											
	NO		EMPLOYEES													
			VOLUNTEERS													
			PARTNERS													
OTHER					OTHER											

COVERED AUTO SYMBOLS

(31) 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
(82) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY
(83) 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 <i>Case R Saenz</i>	DATE 1-25-17	PRODUCER'S SIGNATURE <i>K. Lou</i>	NATIONAL PRODUCER NUMBER
--	-----------------	---------------------------------------	--------------------------



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0241104143
Jan 19, 2016 LTR 147C
98- [REDACTED]

LAINIZ BROS PAINTING INC
[REDACTED]

REVERE MA 02151

Taxpayer Identification Number: 98- [REDACTED]

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of January 19th, 2016.

Your Employer Identification Number (EIN) is 98- [REDACTED]. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-267-941-1000 between the hours of 8:00 AM and 11:00 PM est. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Newman
1000196357
International Serv Rep



ARBELLA P. O. BOX 9103
BOSTON, MA 02269-9103

NOTICE OF NON-RENEWAL
OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Registration Number
V. I. Number 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. Hyland
AUTHORIZED REPRESENTATIVE

28AP1090 08 09

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with its permission.

EXHIBIT 13

Yvette Services

YVETTE M SOTO

FACTS

- 1- POINT INSURANCE DID NOT OPEN THE SOLE PROPRIETORSHIP FOR THIS INSURED.
- 2- ON 01/21/2017 THE INSURED SIGNED HER COMMERCIAL AUTO APP AND A BUSINESS USE FORM WHERE SHE STATES SHE USES HER VEHICLE FOR BUSINESS PURPOSES.
- 3- THE INSURED'S VEHICLE IS REGISTERED AND FINANCED UNDER THE BUSINESS FEDERAL ID NUMBER AND COULD ONLY BE INSURED UNDER A COMMERCIAL POLICY WITHOUT THE TITLE BEING RELEASED BY THE FINANCE COMPANY.

SIU INTERVIEW CONTRADICTIONS

- 1- INSURED ADMITS SHE KNEW HER POLICY WAS "FOR A BUSINESS" SINCE THE INCEPTION OF THE POLICY.
- 2- SHE ADMITS SHE HAS "THE CLEANING" BUSINESS.
- 3- SHE TOLD POINT THAT SHE STILL OCCASIONALLY OPERATED HER CLEANING BUSINESS.
- 4- BECAUSE THE INSURED'S VEHICLE IS FINANCED UNDER THE FEDERAL ID NUMBER, SANTO DOMINGO FINANCE WOULD NEED TO RELEASE THE TITLE IN ORDER FOR THE INSURED TO RE-REGISTER IT PERSONALLY.
- 5- POINT INSURANCE HAS RECORDED THAT A PERSONAL QUOTE WAS DONE FOR THE INSURED, BUT A PERSONAL POLICY WAS NOT ISSUED BECAUSE THE INSURED'S LIENHOLDER DID NOT RELEASE THE TITLE FOR RE-REGISTRATIONS PURPOSES.

POINT INSURANCE

Luiz Felipe Desouza

Point Insurance

Re: Yvette Soto DBA Yvette Services

To whom it may concern:


This letter will serve as written statement detailing the events that took place on January 1st, 2017. This statement will clear some points made by Ms. Yvette Soto in an interview with Ed Spellman from Arbella's SIU department.

As Ms. Soto stated on her interview with Ed Spellman from Arbella's investigative Unit, our office location on 191 Concord St was closed due to a fire caused by the dry cleaners next door. We are temporally located at 129A Concord St. in Framingham were Ms. Soto came and wanted to open a new policy. Her previous policy ([REDACTED]) had expired due to failure to submit the renewal application requested by Arbella.

On her interview, Ms. Soto mentioned that she wanted a personal policy rather than a commercial auto policy. She also went on to say that I couldn't do that for her which was correct. Ms. Soto's 2011 Toyota Venda (Vin#: 4T3ZA3BB2BU054080) was financed with Santo Domingo Finance Corp Inc of 413 Haverhill St, Lawrence, Ma 01840. Under Yvette Soto DBA: Yvette Services (FID#: 81-1 [REDACTED]), a cleaning company that Ms. Soto referred to on her interview. The Toyota was purchased and financed on 01-16-2016 according to Massachusetts DMV records while her business, Yvette Services was still being utilized and operated. Ms. Soto asked for a personal auto quote which was fulfilled. I quoted her with Travelers Insurance on 01-21-2017 as requested. Unfortunately, the quote I did for her was never completed or issued. As I explained to Yvette, we would not be able to register her car under her name because the vehicle not only was financed under her business name but it also was registered under that name with the DMV. As I told her, the only way to register her car under her name and open a new personal auto policy was to obtain the title for re-registering. Ms. Yvette Soto told me that she still had a current lien on that vehicle that Santo Domingo Finance Corp Inc, would not give her that title until her vehicle was paid off. I advised Ms. Soto that she had only 2 options. First was to pay off the remaining balance owed on her vehicle and get the title so we could register that 2011 Toyota Venda under her name and license number. Second, was to re-submit a new policy to Arbella using their new guidelines provided to our agency, in which her new policy was reviewed by an underwriter and approved.

Towards the end of the interview, Ms. Soto said she works at a dental office and was asked if she had mentioned this to me which is true. Earlier on the interview, Ed Spellman asked Yvette Soto if she had "a house cleaning business?" which was confirmed by Ms. Soto. She also went

along as to say that "we went around cleaning and stuff". Now, what is not mentioned in the interview is that I asked Ms. Soto whether she still used her business in anyway. She confirmed with me that she mostly works at a dental office but whenever an opportunity arises for her to do a cleaning job on the side that she would take it. She had mentioned to me earlier that day that she had a house cleaning business. I had no reason to believe otherwise that she would not take the opportunity of a cleaning job part time.

X: 

Luiz Felipe Desouza

09/07/2017



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY POINT INS INC 103 COMMONWEALTH AVE BOSTON MA 02215 Felipe Souza		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): 5088755600 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		EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
		GLASS AND SIGN		ELECTRONIC DATA PROC	BOILER & MACHINERY
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	

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):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	
CHANGE DATE	TIME	AM	01-21-2017	01-21-2018	X DIRECT BILL		No Audit	
CANCEL		PM			AGENCY BILL			

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds)		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
YVETTE M SOTO DBA: DBA YVETTE SERVICES		FRANKLIN MA 02038	
FEIN OR SOC SEC # (of First Named Insured): 81-1	PHONE (A/C, No, Ext):	WEBSITE ADDRESS(ES):	
E-MAIL ADDRESS(ES):			
X INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	LLC
PARTNERSHIP	JOINT VENTURE	NOT FOR PROFIT ORG	NO. OF MEMBERS AND MANAGERS
INSPECTION CONTACT: YVETTE M SOTO		ACCOUNTING RECORDS CONTACT: YVETTE M SOTO	
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	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?		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?		X
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X	(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).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	X		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
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 815 for Liability Exposure and/or ACORD 816 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			

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APPLICANT'S SIGNATURE <i>X. Yvette Soto</i>	DATE 1/21/17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
--	-----------------	--	--------------------------

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE								
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE		
DAILY INJURY LIABILITY	61	67	BI EACH PERSON \$		OPTIONAL COMPREHENSIVE	62	67			62	67		\$	
	62	68	BI EACH ACCIDENT \$			63	68			63	68			
	63	71				64				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 DAM- AGE TO SOMEONE ELSE'S PROPERTY	61	64	71		OPTIONAL COLLISION	62	67		\$	62	67		\$	
	62	67	EACH ACCIDENT \$			63	68			63	68			
	63	68				64				64				
OPTIONAL MEDICAL PAYMENTS	62	64	EACH PERSON \$		OPTIONAL TOWING & LABOR	63		\$	\$	63			\$	
	63	67				67								
COMPULSORY UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE									
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH 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 \$		OPTIONAL COLLISION	69								
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		70									
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	69							\$	
	NO		\$			70								
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		STATES	# DAYS	# VEH						
	NO		\$											
OPTIONAL NON-OWNED AUTO LIABILITY		STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE									
	YES		EMPLOYEES											
	NO		VOLUNTEERS											
			PARTNERS											
OTHER					OTHER									
COVERED AUTO SYMBOLS		(64) OWNED COMMERCIAL AUTOS ONLY		(67) SPECIFICALLY DESCRIBED AUTOS		(70) YOUR TRAILERS IN THE POSSESSION OF								
(1) ANY AUTO		(65) OWNED AUTOS SUBJECT TO NO-FAULT		(68) HIRED AUTOS ONLY		ANOTHER TRUCKER UNDER A TRAILER								
(62) OWNED AUTOS ONLY		(66) OWNED AUTOS SUBJECT TO A COMPUL- SORY UNINSURED MOTORIST LAW		(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT		INTERCHANGE AGREEMENT								
(63) OWNED PRIVATE PASS AUTOS ONLY						(71) NON-OWNED AUTOS ONLY								

ENDORSEMENTS

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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 <i>x. Yvette [Signature]</i>	DATE 1/21/17	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
---	-----------------	--	--------------------------

Business Use Compliance

I, YVETTE M. SOTO, recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

BUSINESS USE FOR MY COMPANY YVETTE M. SOTO DBA: YVETTE SERVICES

(FID#: [REDACTED]) FOR THE FOLLOWING VEHICLE(S):

2011 TOYOTA VENZA (VIN#: 4T3ZA3BB2BU054080)

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

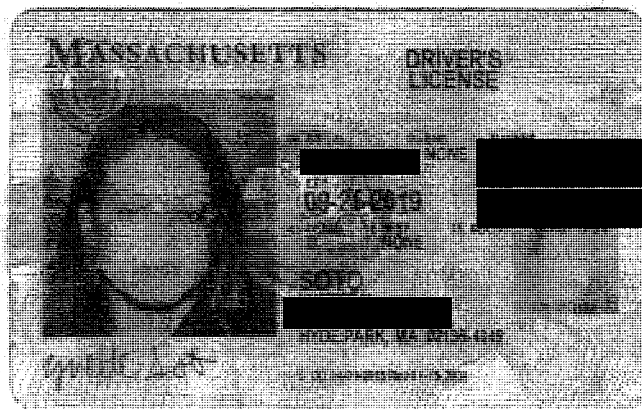
No

x. Yvette Soto
Signature

01-21-2017
Date

[REDACTED]
Phone Number

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***



YVETTE M. SOTO

Page 1 of 1

Travelers eService

- Account List
- Account List
- Billing
- Policy
- Claims
- Reports

Policy/Quote Selection

YVETTE M. SOTO
 FRANKLIN, MA 02038

Initiate New Policy
 Auto  Home

- Account List
- Archived Policies
- Policy/Quote Selection
- ATLAS3
- Auto/Homeowners
- ATLAS3
- PLUSHomeSaver
- ATLAS3
- Personal Articles (PAF)
- Change Request
- Close Customer
- Return to Customer
- Search
- Contact Us
- FAQ

Active Quotes	Hide	Quote #	Trx Type	Effective Date	Trx Premium	Status	Processor	Rec	Qt	Plg Date
AUTO (232)		1	NEW BUSINESS	01/21/2017		INCOMPLETE	AGENT			

No Policies / Policy Changes

No Closed Transactions

Customer Selection »

To begin, enter a policy number or select another search criteria below.

Search Criteria:

Last Name:

State:

Zip Code: -

* Indicates field is required for completion.

To select a customer, double click the row or select button below.

	Customer Name	Address	City	Zip Code	CCF Number
<input type="button" value="»"/>	YVETTE M. SOTO	[REDACTED]	FRANKLIN	02038	0034543552923

©2014 The Travelers Indemnity Company

ARBELLA

Transactions: [Policy Change](#)

Policyholder(s): **YVETTE M SOTO** [More](#) Policy No.: [REDACTED]
 [REDACTED] Policy Status: CANCELLED
 FRANKLIN, MA 02038 Agency Name: POINT INS INC
 Mailing Address: Producer Code: 46-0127

Effective from: 01-21-2017 to 01-21-2018

ADDITIONAL INTEREST - COMMERCIAL AUTO - MA

View As Of: Fri, Jul 7, 2017

Select Vehicle/Dealer: [1 2011 TOYOTA VENZA 4T3ZA3BB2BU054080](#) [View Information](#)

Name	Address	City	State	Zip
LIENHOLDER:				
SANTO DOMINGO FINANCE CORP INC	[REDACTED]	LAWRENCE	MA	01841



home applications overview

Enter Home/URI

AVC Registry Access

01/21/2017 09:42 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060

REGISTRATION/TITLE INQUIRY

FUNCTION: RI MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: PAN REG#: 3HL221 CLR: R VIN#: 4T3ZA3BB2BU054080 TTL#: B0842603

LIC #1 : LIC #2 : FID#: [REDACTED]

LESSEE : RMV-1 BATCH #: 01601974180119

OWNER1 NAME : DOB:

OWNER2 NAME : DOB:

CORP/CO NAME: YVETTE M SOTO

MAIL ADDR : CITY: FRANKLIN ST: MA ZIP: 02038-1391

BLDG/APT : REG ONLY MAIL: N

RESID ADDR : CITY: ST: ZIP:

BLDG/APT : GARAGE: FRANKLIN

REG STATUS-DT: ACTV/PINS - 01/19/2016 REG EFF DT: 01/19/2016

LIFE PD: N STKR#-DT: 180928054 - 01/04/2017 INSP RSLT: P REG EXP DT: 01/2017

2011 TOYT VENZA MODEL#: STYLE: SUV CLR: WHITE /

CYL: 4 PASS: 5 DOORS: 4 TRAN: A PWR: G BUS: SEATS: WGT:

TTL STATUS-DT: ACTV - 02/05/2016 TTL DT: 01/19/2016 PRINT DT: 02/05/2016

PURCH DT: 01/16/2016 OD: 0100557 N/U: U PREV TTL ST/#: MA BM208906

TTL TYPE: C BRAND: REASON CD: TTL RTN ST:

LIEN1 TYPE/CD: C / 38928 NAME: SANTO DOMINGO FINANCE CORP INC

LIEN2 TYPE/CD: / NAME:

INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 01/19/2016 NONPROF: N VALUE:

PLT ORDER STATUS/DT: - LAST-NEXT BILL: 01/2017 - 01/2018

Business Use Compliance

I, YVETTE M. SOTO, recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

BUSINESS USE FOR MY COMPANY YVETTE M. SOTO DBA: YVETTE SERVICES

(FID#: 81- [REDACTED] FOR THE FOLLOWING VEHICLE(S):

2011 TOYOTA VENZA (VIN#: 4T3ZA3BB2BU054080)

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

Yes

No

I already have an EIN number established with the Internal Revenue Service.

Yes

No

X. Yvette Soto
Signature

01-21-2017
Date

[REDACTED]
Phone Number

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***

EXHIBIT 14

Lemus Services

LEMUS SERVICES INC.

FACTS

1. THE CORPORATION WAS SETUP ON APRIL 2ND, 2015, POINT INSURANCE DID NOT SETUP THE CORPORATION FOR THE INSURED.
2. NEW BUSINESS APPLICATION SIGNED BY THE INSURED ON APRIL 2ND, 2015.
3. BUSINESS USE COMPLIANCE SIGNED BY THE INSURED STATING THAT HE USES VEHICLES FOR CLEANING SERVICES ON NOVEMBER 10TH, 2016. (SEE ATTACHED)
4. INSURED HAS A GENERAL LIABILITY POLICY FOR CLEANING SERVICES UNDER THIS CORPORATION. (SEE ATTACHED)
5. THE INSURED SIGNED THE ARBELLA RENEWAL APPLICATION ON MARCH 21ST, 2017. (SEE ATTACHED)
6. PER RULE 61 THE VEHICLE ON THE POLICY IS ELIGIBLE FOR A COMMERCIAL AUTO POLICY DUE TO OWNERSHIP OF THE VEHICLE BEING UNDER A BUSINESS NAME AND FEDERAL IDENTIFICATION NUMBER.

SIU INTERVIEW CONTRADICTIONS

1. **WHEN ASKED ABOUT HOW MANY CARS THE INSURED HAS, THE INSURED RESPONDS "CARS? TWO I THINK", AND WHEN ASKED "WHAT KIND?", HE RESPONDS "I'M NOT SURE". HOW DOES ONE NOT KNOW HOW MANY AND WHAT KIND OF VEHICLES HE BUSINESS OWNS?**
2. **MR. SPELLMAN ASKS QUESTIONS WITH THE INTENT OF GETTING A SPECIFIC ANSWER HE WANTS RATHER THAN JUST ASKING A STRAIGHT FORWARD QUESTION. THE FOLLOWING ARE TWO PERFECT EXAMPLES. "DID THEY EVER MENTION TO YOU ABOUT IT BEING CHEAPER, COSTING LESS MONEY, TO DO IT AS A BUSINESS?", TO MR. SPELLMAN'S DISAPPOINTMENT THE INSURED SAID "NO". LATER HE ASKS "SO WHAT DID THEY TELL YOU ABOUT GETTING A MASSACHUSETTS LICENSE? WHAT DID THEY TELL YOU ABOUT THAT?", TO MR. SPELLMAN'S DISAPPOINTMENT THE INSURED SAID "NOTHING".**
3. **THE LISTED DRIVER IS A FAMILY MEMBER WHICH REQUIRED HER TO BE LISTED AS A DRIVER ACCORDING TO ARBELLA'S ONLINE APPLICATION.**
4. **WHEN ASKED "OKAY. DID YOU TELL HER, I DON'T NEED THIS, I DON'T HAVE A BUSINESS?" THE INSURED RESPONDS "NO, I DIDN'T TELL HER". LATER IN THE CONVERSATION, MR. SPELLMAN MAKES A SIMILAR QUESTION AND THE INSURED AGAIN STATES "NO. I DIDN'T SAY ANYTHING."**
5. **THE INSURED STATES TO MR. SPELLMAN THAT HE ONLY SIGNED THE SIGNATURE PAD AT OUR OFFICE. THAT IS NOT TRUE. HE ALSO SIGNED THE PAPER APPLICATION WHICH IS ATTACHED.**

POINT INSURANCE

Luciana Lourenco

Point Insurance Inc

1885 Revere Beach Pkwy – Everett, MA 02149

RE: LEMUS SERVICES CORP - [REDACTED]

Mr. Manuel Navarro came to the office and told me that he needed to renew his commercial auto policy and add Rosa Lemus as a driver. When I asked him who Rosa Lemus is, he told me that she was his sister. According to Arbella's website and the regulations that they outline, a family member who operates the vehicle is required to be listed as a driver. Therefore, based on the regulations outlined by Arbella, there was no need for further questioning and we added her as a driver on the renewal application.

When I asked Mr. Navarro for her driver's license information he said he could only provide the license number. I explained to him that the number alone was not sufficient and I asked for a copy of the license. I asked for the copy because I wanted to make sure Mr. Navarro was adding Ms. Rosa with her consent. He informed me that he only had a picture on his cell phone. Then I told him to forward to my email and I would kindly print it for him.

I explained clearly to Mr. Manuel Navarro what Arbella needed in order to renew his policy the exact way it is explained on the renewal application. He asked me what a general liability and worker's compensation policies were at which point I explained. He asked me if Point Insurance sold those policies which I said, "yes, we do." I did the quote and he decided to buy the general liability policy. He signed the paper general liability application and I submitted to USLI. Mr. Navarro paid a \$220 down payment and did an electronic signature on the pad for his receipt. The remainder of the policy was due in 60 days. The remaining balance was paid on 06/30/2017.

Mr. Navarro never mentioned to me at any point that he did not have a business. Mr. Navarro purchased his 2009 Toyota Camry, financed the vehicle on 11-10-2016 according to Massachusetts DMV records and financed the vehicle all through his company's name. When he came to our office and asked to renew his commercial policy for his vehicle which to reiterate was purchased, registered and financed through his company's name there would be no reason under any circumstance to ask this gentleman if he would want a different type of policy.

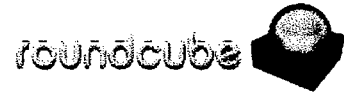
As Mr. Navarro said in the beginning of his interview, he does not read or write English. For that reason I translated for him and helped him to fill the application which he signed. I highly recommend that Arbella provide applications that are written in multiple languages to properly serve their clients and avoid language barrier based confusion. Without this basic service that should be provided to clients there will be a continuation of false accusations made due to Arbella not tailoring to their client base.

X: 

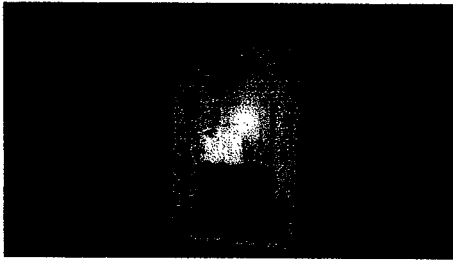
Luciana Lourenco

09/07/2017

From Manuel Le Mm Us <[REDACTED]>
To <luciana@pointinsure.com>
Date 2017-03-21 13:50



-
- 20170320_164402_1490042682983.jpg (~4.4 MB)
-



20170320_164402_1490042682983.jpg
~4.4 MB

Reference# CA-NR-49514

Submitted Date 04-02-2015



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04-02-2015

AGENCY RAPCO & JEPSEN INS SERVICES INC 1103 COMMONWEALTH AVE BOSTON MA 02215 lourenco luciana		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): 5085871662		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER	
FAX (A/C, No):		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
E-MAIL ADDRESS: luciana@rapcoandjepsen.com		PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
CODE: SUB CODE: 0127		GLASS AND SIGN		ELECTRONIC DATA PROC	BOILER & MACHINERY
AGENCY CUSTOMER ID:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
QUOTE	ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):	RENEW	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE	DATE	04-02-2015	04-02-2016	X DIRECT BILL	No Audit
CANCEL	TIME			AGENCY BILL	
	AM				
	PM				

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) LEMUS SERVICES CORP	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) MALDEN MA 02148
FEIN OR SOC SEC # (of First Named Insured): 47-3	PHONE (A/C, No, Ext):
E-MAIL ADDRESS:	WEBSITE ADDRESS:
INDIVIDUAL <input checked="" type="checkbox"/>	CORPORATION <input checked="" 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"/>
CR BUREAU NAME	ID NUMBER
NO OF MEMBERS AND MANAGERS	DATE BUS STARTED 2015
INSPECTION CONTACT: MANUEL LEMUS NAVARRO	ACCOUNTING RECORDS CONTACT: MANUEL LEMUS NAVARRO
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:
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)
CLEANING

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	X
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
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 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. 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
<i>[Signature]</i>	4/2/15	<i>[Signature]</i>	

Reference# CA-NB-49514

Submitted Date 04-02-2015

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
BODILY INJURY LIABILITY	61 62 63 64	67 68 71	BI EACH PERSON \$ BI EACH ACCIDENT \$		OPTIONAL COMPREHENSIVE	62 63 64	67 68				\$
COMPULSORY PERSONAL INJURY PROTECTION	65 67		PER PERSON \$ DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS		OPTIONAL SPECIFIED CAUSES OF LOSS	62 63 64	67 68	SCL FT LSP F FTW			\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61 62 63	64 67 68	EACH ACCIDENT \$		OPTIONAL COLLISION	62 63 64	67 68				\$
OPTIONAL MEDICAL PAYMENTS	62 63	64 67	EACH PERSON \$		OPTIONAL TOWING & LABOR	63 67					\$
COMPULSORY UNINSURED MOTORIST	62 63 64	66 67	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		TRAILER INTERCHANGE						
OPTIONAL BODILY INJURY TO OTHERS	61 62 63	64 67 68	CSL BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COMPREHENSIVE	69 70					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE IF ANY BASIS \$		OPTIONAL SPECIFIED CAUSES OF LOSS	69 70					\$
OPTIONAL TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE IF ANY BASIS \$		OPTIONAL COLLISION	70					\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH		
OTHER					OTHER						

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 <i>[Signature]</i>	DATE 4/2/15	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
---	----------------	--	--------------------------

Business Use Compliance

I, Manuel de Jesus Ramos Noveno recognize that I am applying for a commercial automobile insurance policy with commercial automobile insurance rates. I understand that these rates differ from personal automobile insurance rates and have the potential of being higher. My insurance agent has explained to me the differences between a commercial automobile insurance policy and a personal automobile insurance policy and I feel that a commercial policy is a better fit for my needs and use.

I utilize my vehicle(s) in the following business capacity:

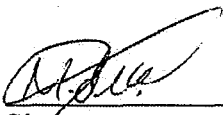
Servicio de limpieza

With the assistance of my agent, I have applied for and obtained an EIN number with the Internal Revenue Service. I fully authorized him/her to apply on-line for this number on my behalf.

Yes No

I already have an EIN number established with the Internal Revenue Service.

Yes No


Signature

11/10/16
Date

[REDACTED]
Phone Number

*** Please note that if an agent assists you in obtaining an EIN number, they are not responsible for any accounting or future responsibilities regarding the EIN number. You should always consult with a professional accountant if you have any future questions. ***

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

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

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Corporation

BUSINESS DESCRIPTION: Janitorial Service

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.

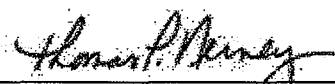
	PREMIUM
Commercial Liability Coverage Part	\$440.00
TOTAL:	\$440.00

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: 03/21/2017 2:07 PM

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.

EXTENSION OF DECLARATIONS

Policy No. [REDACTED]

Effective Date: 03/21/2017

12:01 AM STANDARD TIME

FORMS AND ENDORSEMENTS

The following forms apply to the Commercial Liability coverage part

<i>End#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
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	06/15	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-276JL	08/10	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	08/05	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	07/06	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

Policy No. [REDACTED]

Effective Date: 03/21/2017
12:01 AM STANDARD TIME

LIMITS OF INSURANCE

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

LIABILITY DEDUCTIBLE

LOCATIONS OF ALL PREMISES OWNED OR RENTED BY YOU

Location	Address	Territory
1	[REDACTED] Malden, MA 02148	015

PREMIUM COMPUTATION

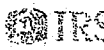
Loc	Classification	Code No.	Premium Basis	Rate		Advance Premium	
				Pr/Co	All Other	Pr/Co	All Other
1	Janitorial Services - Cleaning of only Residential Locations (part-time worker)	96814	1 Per Part-Time Janitor	Included	161.700	Included	\$162
MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:							\$440
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:							\$440 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.

Applicants Signature: [Signature] Title: President Date: 3/20/17
(Must be Owner, Officer or Partner) (Required) (Required)
Brokers Signature: [Signature] Date: 3/21/17
(Required) (Required)
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
Name of Authorized Agent or Broker: POINT INSURANCE
Address: 1885 REVERE BEACH PARK WAY, EVERETT MA 02149

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

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

LEMUS SERVICES CORP
████████████████████
MALDEN, MA 02148

Date of this notice: 04-02-2015

Employer Identification Number:
47-██████████

Form: SS-4

Number of this notice: CP 575 A

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



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

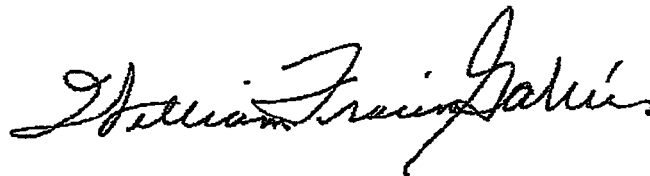
Signed this 2 Day of April, 2015 at 1:18:26 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

MANUEL LEMUS-NAVARRO, PRESIDENT

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

*Renewed
Ref to SUI*



22 MAR 17 3:55

LEMUS SERVICES INC

Agent: 46-0127

MALDEN, MA 02148

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? N OR Do you work for others? 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.

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: _____

EXHIBIT 15

KRY Services

ANDY R KRY, d/b/a Kry Services

FACTS

- 1- POINT INSURANCE DID NOT CREATE THE SOLE PROPRIETORSHIP FOR THIS INSURED.
- 2- INSURED'S VEHICLE IS REGISTERED AND FINANCED UNDER HIS BUSINESS NAME AND FEDERAL ID NUMBER. VEHICLES STILL IS FINANCED WITH DIGITAL FEDERAL CREDIT UNION THROUGH BUSINESS.
- 3- ON 02/08/2017 THE INSURED SIGNED UNDER THE PAINS AND PENALTY OF PERJURY A RENEWAL APPLPICATION WHERE HE STATED HIS LINE OF BUSINESS WAS "JANITORIAL SERVICES"

SIU INTERVIEW CONTRADICTIONS

- 1- INSURED ADMITS HE FILLED OUT THE RENEWAL FORM.
- 2- POINT INSURANCE CAN'T BE HELD LIABLE FOR A RENEWAL APPLICATION THAT THE INSURED FILLED OUT ON HIS OWN, SIGNED IT UNDER THE PAINS AND PENALTY OF PERJURY.
- 3- INSURED NOW LIVES OUT OF STATE AND WAS UNREACHABLE FOR A STATEMENT IN RESPONSE TO ARBELLA'S SUBMISSION.

POINT INSURANCE

JESSICA FERNANDES

ANDY R KRY
DBA KRY SERVICES

TO WHOM IT MAY CONCERN:

This letter is to provide an explanation of an interview made by Ed Spellman on May 12, 2017 with our customer Andy Kry DBA Kry Services Policy [REDACTED] a commercial auto policy opened on 03/04/2016.

As Mr. Kry stated on his interview with Ed Spellman from Arbella Investigation Unit, he came into the Lowell office located at 724 Chelmsford St Lowell, MA 01851 with the Arbella nonrenewal application. Mr. Kry stated he received the nonrenewal letter and he needed help filling out the renewal application. I stated to Mr. Kry that I would be more than happy to help him with the nonrenewal application so we filled it out together and answered every question that is on the Arbella nonrenewal application. So as I was going over the questions on the application, he answered each one of them as I helped him fill it out. He did go over it before signing and I did make him aware as it states on the application, that any fraud or false statement is a crime.

Mr. Kry did state that he had a cleaning business and in fact he provided me with the 147C letter, which had his employer identification number on it, which also proves that he owns a DBA.



Jessica Fernandes

09/07/2017



ARBELLA

[Arbella company name]
[Arbella Company Name]

ANDY R KRY
DBA KRY SERVICES

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?

[REDACTED] 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

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

Date of this notice: 03-03-2016

Employer Identification Number:
81- [REDACTED]

Form: SS-4

Number of this notice: CP 575 G

ANDY R KRY
KRY SERVICES
[REDACTED]

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 8 [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. 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.



home applications overview

Enter Home/URI

AVC Registry Access

02/10/2017 12:40 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060

REGISTRATION/TITLE INQUIRY

FUNCTION: RI MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: PAN REG#: ZYS432 CLR: R VIN#: THQCM72726A006293 TTL#: 80971394 -E

LIC #1 : LIC #2 :

LESSEE : RMV-1 BATCH #: 0160644180111

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:

REG STATUS-DT: ACTV/ - 03/04/2016 REG EFF DT: 03/04/2016

LIFE PD: N STKR#-DT: 171397331 - 03/07/2016 INSP RSLT: P REG EXP DT: 02/2018

2006 HONDA 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: 0085794 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