



NATALIE A. HUBLEY
PRESIDENT

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400 Boston, Massachusetts 02110

www.commauto.com

617-338-4000

NOTICE OF MEETING

MARKET REVIEW COMMITTEE

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

WEDNESDAY, DECEMBER 19, 2018 AT 10:30 A.M.

MEMBERS OF THE COMMITTEE

Mr. Charles Boynton, III – Chair
Boynton Insurance Agency, Inc.

Ms. Elizabeth Brodeur
Ms. Sheila Doherty
Mr. Andrew Drayer
Ms. Roberta Fitzpatrick
Mr. Harold Gerbis
Mr. Sumner Gilman
Mr. David McCormick
Ms. Marie-Armel Theodat
Mr. Kenneth Willis

Safety Insurance Company
Doherty Insurance Agency, Inc.
MAPFRE U.S.A. Corporation
Arbella Insurance Group
Quincy Mutual Group
Economy Insurance Agency, Inc.
McCormick and Sons Insurance Agency, Inc.
R. Theodat Insurance Agency, Inc.
Plymouth Rock Assurance Corporation

AGENDA

MR

17.01 Records of Previous Meeting

The Records of the Market Review Committee meeting of November 28, 2017 should be read and approved.

MR

18.03 CAR Conflict of Interest Policy

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

MR

18.05 Shannon Insurance Agency, LLC / Commerce Insurance Company

Attached is a November 6, 2018 Request for Review submitted by Paul F. Shannon, Jr. of the Shannon Insurance Agency, LLC, appealing the termination of the agency's commercial automobile Exclusive Representative Producer appointment by the Commerce Insurance Company by letter dated September 11, 2018. The agency has taken the position that it did not receive the termination letter and was not aware of the termination until early November, 2018. Commerce's notice of termination to the agency was issued for violations of CAR Rule 14.B.1.d., e., g., j., x., and y., Ongoing Exclusive Representative Producer Requirements. Commerce's Notice of Termination is also attached. (Docket #MR18.05, Exhibits #1 and #2).

Other Business

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

Executive Session

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

JOHN METCALFE
Director – Residual Market Services

Attachments

Boston, Massachusetts
December 5, 2018

COMMONWEALTH AUTOMOBILE REINSURERS

**REQUEST FOR REVIEW/RELIEF
 (PURSUANT TO CAR RULE 20/MAIP RULE 40)**

Requestor's Name/Title: Paul F. Shannon Jr.
 Signature: Paul F. Shannon Jr. Date: 11-6-2019
 Agency or Company Name: Shannon Insurance LLC
 Address: 429 S Washington St
 City/Town: North Attleboro State: MA Zip Code: 02760
 Tel. #: 508-643-9500 Fax #: 508-316-4405 email: ShannonInsurance@gmail.com
IF REPRESENTED BY COUNSEL OR OTHER PARTY, PLEASE COMPLETE THE FOLLOWING:
 (Representation by counsel is not required):

Name of Rep:
 Firm:
 Address:
 City/Town/State/ZIP:
 Tel. #: Fax #: email:

1 Reason For Review: A. Concisely summarize the reason(s) for your request for review, identifying the nature of your grievement or request for relief.
 B. Identify the specific relief sought.

A. On - November 5, 2019
 Our Agency received a phone call from a client that we were no longer representing Commerce based on a notice he received. This was the first that we had heard on this termination. I emailed CAR and was forwarded a copy of a termination letter that Commerce claims they mailed by USPS express mail. This letter was not signed for or received by anyone at the Agency.

B. We ~~request~~ request immediate reinstatement until this can be resolved.

<p>2</p>	<p>Details of Aggrievement(s):</p>	<p>Provide specific detail for each reason for the requested review cited above, including references to violations of CAR or MAIP Rules, the agency contract, or established practices of CAR, MAIP or one of its Members. Include historical reference, where appropriate. Attach supporting documentation.</p> <p>Since Commercial assigned our Agency a new underwriter in December of 2017 we have lost close to \$200,000 in business. Commercial has non-renewed most of our book of business only to re-write the policy with another Commercial Agent. They have systematically and deliberately destroyed our book of Commercial business.</p>
<p>3</p>	<p>Actions(s) Taken to Date to Resolve the Matter:</p>	<p>State when you first became aware of each item/issue being contested and the steps taken to mitigate or resolve the matter prior to this request for a formal review. Attach supporting documentation.</p> <p>We first became aware of the termination on 11-6-18, however our problems with Commercial started in December of 2017. We have not seen a Commercial marketing representative in over <u>Eight</u> <u>years</u>!</p> <p>We have complained to CAR on numerous occasions and have asked to be assigned to a new servicing carrier.</p>

Scheduling of Review

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

Request for Continuance

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

Submission of Written Information

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

*All written materials submitted must be in compliance with 201 CMR 17.00: Standards for the Protection of Personal Information of Residents of the Commonwealth, which implements the provisions of M.G.L. c. 93H. That is, any personal information that includes a Massachusetts resident's first and last name or first initial in combination with one or more of the following data elements that relate to such resident; a) Social Security number, b) driver's license or state-issued identification card number or c) financial account number (including an insurance policy number), or credit or debit card number, **must be redacted**. Any document submission determined to not be in compliance with the standards will result in the materials being returned to the sender for correction and may impact its distribution to the reviewing Committee.*

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

I waive the 15 business day review while retaining rights to a review: (Initial): _____

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

From: [Metcalf, John](#)
To: [Adgate, Marian](#)
Subject: Shannon email to me
Date: Wednesday, December 05, 2018 7:13:32 AM

From: Paul Shannon [mailto:paul@insuranceshannon.com]
Sent: Thursday, November 29, 2018 11:43 AM
To: Metcalf, John <jmetcalfe@commauto.com>
Subject: Commerce

John,

Per our conversation I am writing to state that I never received any overnight letter from Commerce.

I had asked John Kelley at Commerce to provide the tracking number and he did. When I tracked the letter it said that the letter was left at the front door of our Agency which is outside.

I then asked him to provide a copy of the letter and the documentation and he sent me an email and the attachments were either empty or couldn't be opened.

I have called and emailed him repeatedly to provide a Customer expiration list. This has not been provided.

I have not been properly noticed by Commerce and I am demanding that I be reinstated immediately.

Paul Shannon

Get [Outlook for iOS](#)

September 11, 2018

VIA UPS OVERNIGHT DELIVERY
Mr. Paul Shannon
Shannon Insurance LLC
429 S. Washington Street
North Attleboro, Ma.

Re: Notice of Termination of Limited Servicing Carrier Agreement

Dear Mr. Shannon

This letter is to notify Shannon Insurance, LLC, formerly known as Paul F. Shannon d/b/a The Shannon Insurance Agency ("Shannon" or "ERP") that The Commerce Insurance Company ("Commerce" or the "Company") is terminating the Limited Servicing Carrier Agreement between Commerce and Shannon, executed on April 27, 2011, as amended effective December 30, 2011 (the "Agreement"), and the authority to bind insurance coverage on behalf of Commerce granted therein. A copy of the Agreement is attached.

Authority for Termination

This termination is authorized by the following Commonwealth Automobile Reinsurer ("CAR") Rules of Operation ("Rules"): Rule 16.B.2; Rule 13.B.6.a; and Rule 14.B.2.b.

Specific Basis for Termination

CAR Rule 13.B.6.a. states in relevant part,

A Servicing Carrier may terminate an ERP's Contract and authority to bind coverage upon failure of the ERP to meet the eligibility requirements and /or definition of ERP as provided by the Rules of Operation or upon failure of the ERP to fulfill any of the requirements of Rule 14.B.1.

(2) A Servicing Carrier shall have cause to terminate an ERP's contract and the authority to bind coverage with thirty days written notice of termination pursuant to the provisions of Rule 14.B.2.b.

CAR Rule 14.B.2.b. states:

Termination with a 30-Day Notice

Failure to fulfill the requirements in Section B.1.d. through B.1y. [of this Rule] shall be cause for a Servicing Carrier to terminate an ERP's contract and the authority to bind coverage with 30 days written notice of termination.

The specific Rule 14.B.1. provisions that constitute the basis for the termination are as follows:

- Rule 14.B.1.d. Submit for all applicants a new business application for insurance with appropriate certification form(s), completed in their entirety, and a signed premium finance application/agreement, if applicable within two business days. Refer to **Attachment A**.
- Rule 14.B.1.e. Provide a reasonable and good faith effort to verify the information provided by the applicant, including rating and licensing data. Refer to **Attachment B**.
- Rule 14B1.g. Verify that the applicant has not been in default in the payment of any Motor Vehicle Insurance premiums in the past 24 months. Refer to **Attachment C**.
- Rule14B1.j. Forward all premium payments to a Servicing Carrier within two business days of receipt. However, a Servicing Carrier shall extend the payment period for an additional seven days upon sufficient notice that all or part of a premium is being financed by a licensed finance company where the premium finance company has given its written assurance to pay the full premium finance directly to the Servicing Carrier. This provision shall not obligate a Servicing Carrier to provide such additional time if notwithstanding any written assurance the premium finance company has previously failed to perform its commitment. **Refer to Attachment D**.
- Rule 14B.1.x. Comply with all of the conditions set forth in the contract between the ERP and Servicing Carrier. The violations noted above and in the Attachments hereto also constitute breaches of Shannon's obligations pursuant to paragraphs I.b and I.h. of the Agreement.
- Rule 14B.1.y. Comply with all of the provisions of the Rules of Operation and the Manual of Administrative Procedures.

Attachments A, B C and D, referenced above, catalog and provide documentation evidencing Shannon's failures to comply with the cited provisions of CAR Rules and the Agreement.

Commerce is proceeding with this termination at this time because Shannon has failed to conform its business practices to comply with the CAR Rules and the Agreement despite ongoing communications between Shannon and Commerce regarding the need to do so. Commerce also provided formal written notification to Shannon earlier this year indicating that termination would ensue if the ERP continued to process business in violation of CAR Rules and the Agreement. Please see Commerce's letter to Shannon dated June 5, 2018, annexed hereto as **Attachment E**.

Notice Period and Effective Date

The termination is effective 30 days from the receipt of this notice unless otherwise required by the Rules.

Changes in Operational Procedures Pending Termination Effective Date

Upon receipt of this termination notice and through the termination effective date, Shannon may not bind Commerce on any new business or otherwise certify any coverage to the Registry of Motor Vehicles unless Shannon has first provided the following documents to Commerce's commercial automobile underwriting department and Commerce's commercial automobile underwriting department has approved the application's submission:

1. Completed and signed application by named insured and agency producer along with supporting underwriting documents in accordance with CAR Rules of Operation 14B.1.a through 14/B.1x, as well at the terms of the Agreement.

Right to Request Review of Termination

Shannon has the right to request that this termination be reviewed by CAR, pursuant to Rules 14.F and 20. Copies of those Rules and CAR's Request for Review/Relief form are annexed hereto as **Attachment F**.

Sincerely,


John V. Kelly
Executive Vice President
Northeast Region
Commerce Insurance Company



Cc:

Gary D. Anderson, Commissioner of Insurance. Massachusetts Division of Insurance

John D. Metcalf - Administrator of Residual Market Services, Commonwealth Automobile Reinsurers (CAR)

Sarah Clemens –Vice President of Technical Area, MAPFRE Insurance

Andrew Drayer- Assistant Vice President, Business Development, Northeast MAPFRE Insurance

Richard Murphy- Business Development Representative, MAPFRE Insurance

ATTACHMENT A

Attachment A

CAR Rule 14, Rules of Operation, Exclusive Representative Producer Requirements; Rule 14.B.1 d. states Submit for all applicants a new business application for insurance, with appropriate certification form(s), completed in its entirety , and a signed premium finance application/agreement, if applicable within two business days.

Insured	Policy #	Effective Date	New Business or Endorsement	Violation
AA Enterprise Shipping LLC.	[REDACTED]	07/01/18	New Business	FCO Agreement not received at MAPFRE. Per the finance company (ETI Financial), they do not have receipt of the agreement.
Hatch Landscape & Design Inc	[REDACTED]	07/03/18	New Business	FCO Agreement not received at MAPFRE. Per finance company (ETI Financial), they do not have receipt of the agreement.
Veliz Logistics	[REDACTED]	07/24/18	New Business	FCO Agreement received 08/13/18 at MAPFRE. Per finance company (ETI Financial), they do not have receipt of the agreement.
David R.	[REDACTED]	08/15/18	New Business	FCO Agreement not received at MAPFRE. Per finance company (ETI Financial), they do not have receipt of the agreement.



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760		CARRIER COMMERCE NAIC CODE	
CONTACT NAME: PHONE: 508 - 643 - 9500 (A/C No. Ext): FAX: 508 - 643 - 9511 (A/C No.): E-MAIL ADDRESS: CODE: 1-WM1 SUBCODE:		COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO PROGRAM CODE	
AGENCY CUSTOMER ID:		POLICY NUMBER [REDACTED]	
UNDERWRITER		UNDERWRITER OFFICE	
STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM/PM CANCEL 7/3/2018 10:50	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	PREMIUM	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$
DEALERS	\$	PROPERTY	\$
		TRANSPORTATION / MOTOR TRUCK CARGO	\$
		TRUCKERS / MOTOR CARRIER	\$
		UMBRELLA	\$
		YACHT	\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	Symbol 7, 8 Hired Auto
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAW (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
7/1/2018	7/1/2019	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) AA ENTERPRISE SHIPPING L				GL CODE	SIC	NAICS	FED OR SOC SEC #
							823190919
BUSINESS PHONE #: WEBSITE ADDRESS							
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FED OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FED OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: ACCOUNTING

CONTACT TYPE: ACCOUNTING

CONTACT NAME:

CONTACT NAME:

PRIMARY PHONE # HOME BUS CELL

PRIMARY HOME BUS CELL

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY E-MAIL ADDRESS:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 106 GENEVA AVE	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: DORCHESTER STATE: MA COUNTY: ZIP: 02121			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: 0000					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

trucking- general commodities

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 46 for more Additional Interests

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME #	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
		LOCATION:		BUILDING:					
		VEHICLE:		BOAT:					
		AIRPORT:		AIRCRAFT:					
ITEM CLASS:		ITEM:		ITEM DESCRIPTION					
REFERENCE / LOAN #:					INTEREST END DATE:				
LIEN AMOUNT:					PHONE (A/C, No, Ext):				
REASON FOR INTEREST:					E-MAIL ADDRESS:				
FAX (A/C, No):									

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
<i>SI checked off</i>				
4. ANY OTHER INSURANCE WITH THIS Y? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				Y
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
<i>Reason - Pay Pen</i>				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
<i>Registry 6/7/18</i>				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR... DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Cancelled with Progressive

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBROGATION Y/N	CLAIMS OPEN Y/N

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE # (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**MASSACHUSETTS COMMERCIAL AUTO
 COVERAGES/LIMITS SECTION**

AGENCY
SHANNON INSURANCE, LLC

APPLICANT (First Named Insured)
AA ENTERPRISE SHIPPING LLC

DATE (MM/DD/YYYY)
7/5/2018

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	BI EACH PERSON \$ 20,000 BI EACH ACCIDENT \$ 40,000			
COMPULSORY PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	PER PERSON \$ 8,000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS			
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 checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	EACH ACCIDENT \$ Included in CSL	PHYSICAL DAMAGE		
OPTIONAL MEDICAL PAYMENTS	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"/> 9 <input type="checkbox"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
COMPULSORY UNINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	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"/> 9 <input type="checkbox"/>	
UNDERINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	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"/> 9 <input type="checkbox"/>	
OPTIONAL BODILY INJURY TO OTHERS	1 <input type="checkbox"/> 2 <input 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"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$	OPTIONAL COLLISION	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"/> 9 <input type="checkbox"/>	
OPTIONAL HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES NO STATES	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO STATES	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	COMP SPEC C OF L \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY	SECONDARY
REMARKS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS				

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS				LIMITS		PHYSICAL DAMAGE						
	41	42	43	46	BI EACH PERSON \$	BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS			LIMITS	DEDUCTIBLE	
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			OPTIONAL COMPREHENSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCL	FT	LSP
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	YOURSELF AND FAMILY MEMBERS	OPTIONAL COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	FTW	
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$		OPTIONAL TOWING & LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	BI EA PER \$							
UNDERINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	PROPERTY DAMAGE \$							
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	BI EA PER \$							
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	IF ANY BASIS	OPTIONAL COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATES	# DAYS	# VEH
OTHER					EMPLOYEES								
					VOLUNTEERS								
					PARTNERS								
							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

REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	B1	B2	B3	B1	B2	COVERAGES	COVERED AUTO SYMBOLS			LIMITS	DEDUCTIBLE	
BODILY INJURY LIABILITY				\$	\$	OPTIONAL COMPREHENSIVE					\$	
COMPULSORY PERSONAL INJURY PROTECTION				PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS			SCL	FT	LSP	
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY				EACH ACCIDENT \$		OPTIONAL COLLISION			F	FTW		
OPTIONAL MEDICAL PAYMENTS				EACH PERSON \$		OPTIONAL TOWING & LABOR					\$	
COMPULSORY UNINSURED MOTORIST				CSL	BI EA PER \$	TRAILER INTERCHANGE						
UNDERINSURED MOTORIST				BI EACH ACCIDENT \$	BI EA PER \$							
OPTIONAL BODILY INJURY TO OTHERS				CSL	BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	EARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		BI EACH ACCIDENT \$		OPTIONAL COMPREHENSIVE						
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL SPECIFIED CAUSES OF LOSS						
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL COLLISION						\$
OTHER	NO	STATES		COST OF HIRE \$	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH		
						COVERAGE IS: PRIMARY SECONDARY						
COVERED AUTO SYMBOLS												
(B1) ANY AUTO						(64) OWNED COMMERCIAL AUTOS ONLY						
(B2) OWNED AUTOS ONLY						(65) OWNED AUTOS SUBJECT TO NO-FAULT						
(B3) 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 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
-----------------------	------	----------------------	--------------------------



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

AGENCY SHANNON INSURANCE, LLC NORTH ATTLEBORO		02760	CARRIER COMMERCE		DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER	EFFECTIVE DATE 7/1/2018		NAMED INSURED(S) AA ENTERPRISE SHIPPING LLC		NAIC CODE

COVERAGES / LIMITS

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

DRIVER INFORMATION

ACORD 163 attached for additional drivers

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

DRIVER #	NAME (include address, if required)	MAR SEX STA	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BRADCOCH NO-PAULY	DOC	USE VEH #	SL LIST
1	ISHMAEL	M	[REDACTED]				MA					
	(P) Brown [REDACTED]											

*active license
+ CDL license*

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	Y/N
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	N
4. ARE ANY VEHICLES LEASED TO OTHERS?	Y
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (include customized vans / pickups)	N
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (if "YES", attach ACORD 194)	N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N

*DONT DO
Filing later has
trust dismissed
But customer
11-2017*

ACORD 127 (2010/05)

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

8. ANY HOLD HARMLESS AGREEMENTS?	Y/N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	Y										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	N										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	Y										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>	N										
<table border="1"> <tr> <th>DRV #</th> <th>DATE (MM/DD/YYYY)</th> <th>TYPE</th> <th>PLACE (CITY, STATE)</th> <th># YRS REV</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						N
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	N										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	N										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	ACORD 45 attached for additional names INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

950221

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles **AGENCY CUSTOMER ID:**

VEH # 1	YEAR 2012	MAKE: FRHT MODEL: CA125	BODY TYPE: TRACT V.I.N.: 1FUJGLDR8CSBH2237	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY BOSTON	COUNTY	STATE MA	ZIP	
LIC STATE	TERR	GVW / GCW 80000	CLASS 40-22	SIC	FACTOR	SEAT CP	RADIUS Inter.
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE	MP=5000 UN=100/100 UND=100/100 Waiv=Y			
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM
		MODEL:	V.I.N.:	PP	SPEC	COML	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE				

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, Insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ACORD 127 (2010/05)



AGENCY CUSTOMER ID:

VEHICLE SCHEDULE

AGENCY SHANNON INSURANCE, LLC		CARRIER COMMERCE		DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]		EFFECTIVE DATE 7/1/2018		NAIC CODE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
						PP						
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRVR									
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	TOTAL PREM: \$		
						PP						
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRVR									
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	TOTAL PREM: \$		
						PP						
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRVR									
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	TOTAL PREM: \$		
						PP						
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRVR									
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	TOTAL PREM: \$		

ACORD 129 (2009/11)

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ACORD ™		COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE			DATE
PRODUCER	PHONE (A/C, No, Ext): 508 - 643 - 9500 FAX (A/C, No): 508 - 643 - 9511	APPLICANT (First, Named, Insured)		AA ENTERPRISE SHIPPING LLC	
SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760		FOR COMPANY USE ONLY		7/5/2018	
CODE: 1-WM1	SUB CODE:				
AGENCY CUSTOMER ID:					

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)	MAR	SEX	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE



AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST SCHEDULE

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/1/2018	NAMED INSURED(S) AA ENTERPRISE SHIPPING L
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext): _____
			E-MAIL ADDRESS: _____
			FAX (A/C, No): _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext): _____
			E-MAIL ADDRESS: _____
			FAX (A/C, No): _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext): _____
			E-MAIL ADDRESS: _____
			FAX (A/C, No): _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext): _____
			E-MAIL ADDRESS: _____
			FAX (A/C, No): _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext): _____
			E-MAIL ADDRESS: _____
			FAX (A/C, No): _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext): _____
			E-MAIL ADDRESS: _____
			FAX (A/C, No): _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760		CARRIER COMMERCE COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO POLICY NUMBER: [REDACTED]		NAIC CODE PROGRAM CODE
CONTACT NAME: PHONE (A/C, No. Ext): 508 - 643 - 9500 FAX (A/C, No.): 508 - 643 - 9511 E-MAIL ADDRESS: CODE: 1-WM1 SUBCODE:		UNDERWRITER UNDERWRITER OFFICE		STATUS OF TRANSACTION QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM/PM CANCEL 7/3/2018 04:30PM
AGENCY CUSTOMER ID:				

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 7/3/2018	PROPOSED EXP DATE 7/3/2019	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
-------------------------------	-------------------------------	--	--------------	-------------------	-------	---------	-----------------	----------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) HATCH LANDSCAPE AND DESIGN INC				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: ACCOUNTING		CONTACT TYPE: ACCOUNTING	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	217 RIVER RD	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
	CITY: UXBRIDGE	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: MA				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP: 01569				ANNUAL REVENUES: \$
DESCRIPTION OF OPERATIONS: 2246					OCCUPIED AREA: SQ FT
					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 2012
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
 paving CONTRACTOR

Large Indus PK

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		REFERENCE / LOAN #:	INTEREST END DATE:	LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:
REASON FOR INTEREST:		LIEN AMOUNT:	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:		FAX (A/C, No):		

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>	OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
N				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	<input type="checkbox"/>
			CONDITION CORRECTED (Describe):	not complete
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
N				
7. 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).				
need reason. 1/28 Owen				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				N
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)				
N				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
N				

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Cancelled w/ MAPTR's Insurance
 eff 4/4/18 - agent was Shannon
 Insurance Agency

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		SUBROGATION Y/N	CLAIM OPEN Y/N
					AMOUNT RESERVED			

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**MASSACHUSETTS COMMERCIAL AUTO
 COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)
 7/5/2018

AGENCY SHANNON INSURANCE, LLC	APPLICANT (First Named Insured) HATCH LANDSCAPE AND DESIGN INC
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS								
BODILY INJURY LIABILITY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	BI EACH PERSON \$ 20,000 BI EACH ACCIDENT \$ 40,000											
COMPULSORY PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	PER PERSON \$ 8,000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS											
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 \$ Included in CSL	PHYSICAL DAMAGE										
OPTIONAL MEDICAL PAYMENTS	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"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$								
COMPULSORY UNINSURED MOTORIST	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	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"/>									
UNDERINSURED MOTORIST	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	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 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 checked="" type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	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 HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>STATES</th> <th># DAYS</th> <th># VEH</th> <th>COVERAGE/DEDUCTIBLE</th> </tr> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ </td> </tr> </table>			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$
STATES	# DAYS	# VEH				COVERAGE/DEDUCTIBLE							
			<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$										
OPTIONAL NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	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								
(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS													

REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	41	46		BI EACH PERSON	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
BODILY INJURY LIABILITY	41	46		BI EACH PERSON	\$	OPTIONAL COMPREHENSIVE	42	46				
	42	47		BI EACH ACCIDENT	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	43	47		SCL	FT	LGP
	43	50				OPTIONAL COLLISION	42	46		F	FTW	
COMPULSORY PERSONAL INJURY PROTECTION	44			PER PERSON \$	DED \$		43	47				
	45			YOURSELF	YOURSELF AND FAMILY MEMBERS		42	46				
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	47	EACH ACCIDENT	\$	OPTIONAL TOWING & LABOR	43	47				
	42	46	50				42	46				
OPTIONAL MEDICAL PAYMENTS	42	46		EACH PERSON	\$		43	47				
	43						46					
COMPULSORY UNINSURED MOTORIST	42	46		CSL	BI EA PER \$							
	43			BI EACH ACCIDENT	\$							
	45			PROPERTY DAMAGE	\$							
UNDERINSURED MOTORIST	42	46		CSL	BI EA PER \$	TRAILER INTERCHANGE						
	43			BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45					OPTIONAL COMPREHENSIVE	48					
OPTIONAL BODILY INJURY TO OTHERS	41	46		CSL	BI EA PER \$	OPTIONAL COMPREHENSIVE	49					
	42	47		BI EACH ACCIDENT	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	48					
	43	50		MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	48					\$
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS		49					
	NO			\$								
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS							
	NO			\$								
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH		
	NO			EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
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

REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	81	82	83	84	85	86	87	88	89	90	91	92
BODILY INJURY LIABILITY					BI EACH PERSON \$							
					BI EACH ACCIDENT \$							
COMPULSORY PERSONAL INJURY PROTECTION					PER PERSON \$	DED \$						
					YOURSELF	YOURSELF AND FAMILY MEMBERS						
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY												
					EACH ACCIDENT \$							
OPTIONAL MEDICAL PAYMENTS					EACH PERSON \$							
COMPULSORY UNINSURED MOTORIST					CSL	BI EA PER \$						
					BI EACH ACCIDENT \$							
					PROPERTY DAMAGE \$							
UNDERINSURED MOTORIST					CSL	BI EA PER \$						
					BI EACH ACCIDENT \$							
OPTIONAL BODILY INJURY TO OTHERS					CSL	BI EA PER \$						
					BI EACH ACCIDENT \$							
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES			MOTORCYCLE GUEST OCCUPANT EXCLUSION							
	NO	STATES			COST OF HIRE	IF ANY BASIS						
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE	IF ANY BASIS						
	NO	STATES			\$							
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE	NUMBER OF						
	NO	STATES			EMPLOYEES							
					VOLUNTEERS							
					PARTNERS							
OTHER												
COVERED AUTO SYMBOLS						TRAILER INTERCHANGE						
(81) ANY AUTO						SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
(82) OWNED AUTOS ONLY						69						
(83) OWNED PRIVATE PASS AUTOS ONLY						70						
(84) OWNED COMMERCIAL AUTOS ONLY						69						
(85) OWNED AUTOS SUBJECT TO NO-FAULT						70						
(86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW						69						
(87) SPECIFICALLY DESCRIBED AUTOS						69						
(88) HIRED AUTOS ONLY						70						
(89) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT						69						
(90) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT						70						
(91) NON-OWNED AUTOS ONLY						69						

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
-----------------------	------	----------------------	--------------------------



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE, LLC NORTH ATTLEBORO 02760		CARRIER COMMERCE	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 7/3/2018	NAMED INSURED(S) HATCH LANDSCAPE AND DESIGN INC	

COVERAGES / LIMITS

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

DRIVER INFORMATION

ACORD 183 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	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADER / NO-FAULT	DOC	USE VEH #	% USE
1	AMATO	M		2/13/1977		1994		MA					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		Y/N
VEH #	NAME OF OTHER OWNER	N
VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		Y
4. ARE ANY VEHICLES LEASED TO OTHERS?		N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)		N
VEH #	DESCRIPTION	
COST	VEH #	DESCRIPTION
\$	COST	\$
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 184)		N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		N

ACORD 127 (2010/05)

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y/N										
8. ANY HOLD HARMLESS AGREEMENTS?		N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.		N										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		Y										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		N										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>		Y										
<table border="1"> <thead> <tr> <th>DRV #</th> <th>DATE (MM/DD/YYYY)</th> <th>TYPE</th> <th>PLACE (CITY, STATE)</th> <th># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV								
15. HAS AGENT INSPECTED VEHICLES?		Y										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?		Y										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS												
		MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

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

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION

AGENCY CUSTOMER ID: _____

ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2015	MAKE: FORD	MODEL: F350	BODY TYPE: PU	V.I.N.: 1FT8W3B8FEB66059	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY MEDWAY		COUNTY	PP	SPEC	<input checked="" type="checkbox"/> COML	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
737		12000	21182				Local		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR	TOWING & LABOR	F	LSP	RENT REIMB
PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FARM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIAB	MED PAY	UNINS MOTOR	FT	FTW	COMP / OTC	COLL
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	NO. FAULT	UNINS MOTOR	SPEC C OF L				
NET VEH DRGR:		MP=5000 UN=100/100 UND=100/100 Wab=Y		TOTAL PREM: \$					
VEH # 2	YEAR 2014	MAKE: FORD	MODEL: F350	BODY TYPE: DUMP	V.I.N.: 1FDRF3H82EEB03412	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY UXBRIDGE		COUNTY	PP	SPEC	<input checked="" type="checkbox"/> COML	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
921		14000	21182				Local		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR	TOWING & LABOR	F	LSP	RENT REIMB
PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FARM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIAB	MED PAY	UNINS MOTOR	FT	FTW	COMP / OTC	COLL
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	NO. FAULT	UNINS MOTOR	SPEC C OF L				
NET VEH DRGR:		MP=5000 UN=100/100 UND=100/100 Wab=Y		TOTAL PREM: \$					
VEH # 3	YEAR 2006	MAKE: FORD	MODEL: F350	BODY TYPE: PU	V.I.N.: 1FTWW31P06EB04733	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY UXBRIDGE		COUNTY	PP	SPEC	<input checked="" type="checkbox"/> COML	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
921		12000	21182				Local		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR	TOWING & LABOR	F	LSP	RENT REIMB
PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FARM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIAB	MED PAY	UNINS MOTOR	FT	FTW	COMP / OTC	COLL
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	NO. FAULT	UNINS MOTOR	SPEC C OF L				
NET VEH DRGR:		MP=5000 UN=100/100 UND=100/100 Wab=Y		TOTAL PREM: \$					
VEH # 4	YEAR 2006	MAKE: FORD	MODEL: LGTCN	BODY TYPE: DUMP	V.I.N.: 3FRWF75S16V232377	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY UXBRIDGE		COUNTY	PP	SPEC	<input checked="" type="checkbox"/> COML	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
921		26000	31182				Local		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR	TOWING & LABOR	F	LSP	RENT REIMB
PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FARM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIAB	MED PAY	UNINS MOTOR	FT	FTW	COMP / OTC	COLL
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	NO. FAULT	UNINS MOTOR	SPEC C OF L				
NET VEH DRGR:		MP=5000 UN=100/100 UND=100/100 Wab=Y		TOTAL PREM: \$					

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IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

AGENCY SHANNON INSURANCE, LLC					CARRIER COMMERCE					DATE (MM/DD/YYYY) 7/5/2018				
POLICY NUMBER [REDACTED]					EFFECTIVE DATE 7/3/2018					NAMED INSURED(S)				
VEHICLE DESCRIPTION														
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
5	2016	FORD	F350	PU	1FTRF3B65GEA93832									
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE		ZIP			
					UXBRIDGE				MA		01569			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW			
	921	12000		21182				Local			\$ 39845			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L		
DRIVE TO WORK / SCHOOL	< 15 MILES		15 MILES +		NET VEH ORDER	MP=5000 UN=100/100 UND=100/100 Walv=Y	TOTAL PREM: \$							
							\$ 1000							
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
6	2016	FORD	F350	DUMP	1FDRF3H6XGEA94865									
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE		ZIP			
					UXBRIDGE				MA		01569			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW			
	921	14000		21181				Local			\$ 32740			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L		
DRIVE TO WORK / SCHOOL	< 15 MILES		15 MILES +		NET VEH ORDER	MP=5000 UN=100/100 UND=100/100 Walv=Y	TOTAL PREM: \$							
							\$ 500							
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
7	2008	LEXS	GS350	SEDAN	JTHCE96S380014996									
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE		ZIP			
					MILLIS				MA		01569			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW			
	738			73910							\$ 46100			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L		
DRIVE TO WORK / SCHOOL	< 15 MILES		15 MILES +		NET VEH ORDER	PR=Y MP=5000 UN=100/100 UND=100/100 Walv=Y	TOTAL PREM: \$							
							\$ 500							
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
8	2013	MACK	700	TRACT	1M1AX07Y9DM016952									
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE		ZIP			
					UXBRIDGE				MA		01569			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW			
	921	79000		50182				Local			\$ 169891			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L		
DRIVE TO WORK / SCHOOL	< 15 MILES		15 MILES +		NET VEH ORDER	MP=5000 UN=100/100 UND=100/100 Walv=Y	TOTAL PREM: \$							
							\$ 500							



AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST SCHEDULE

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/3/2018	NAMED INSURED(S) HATCH LANDSCAPE AND DESIGN INC

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ M AND T BANK PO BOX 37258 BALTIMORE MD 21297 REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 1 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____				

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CITIZENS BANK NA PO BOX 255587 SACRAMENTO CA 95865 REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 2 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____				

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CIT BANK NA ONE CIT DRIVE LIVINGSTON NJ 07039 REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 5 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____				

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ NEEDHAM BANK 1063 GREAT PLAIN AVE NEEDHAM MA 02492 REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 5 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____				

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ NEEDHAM BANK 1063 GREAT PLAIN AVE NEEDHAM MA 02492 REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 6 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____				



AGENCY CUSTOMER ID:

ADDITIONAL INTEREST SCHEDULE

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/3/2018	NAIC CODE
NAMED INSURED(S) HATCH LANDSCAPE AND DESIGN INC		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: NEEDHAM BANK 1063 GREAT PLAIN AVE NEEDHAM MA 02492	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> AIRPORT: <input type="checkbox"/> AIRCRAFT: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/>
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	ITEM DESCRIPTION

REASON FOR INTEREST:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> AIRPORT: <input type="checkbox"/> AIRCRAFT: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/>
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):

REASON FOR INTEREST:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> AIRPORT: <input type="checkbox"/> AIRCRAFT: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/>
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):

REASON FOR INTEREST:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> AIRPORT: <input type="checkbox"/> AIRCRAFT: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/>
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):

REASON FOR INTEREST:

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> AIRPORT: <input type="checkbox"/> AIRCRAFT: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/>
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):

REASON FOR INTEREST:

Canty Deshaies, Marylynn

From: Canty Deshaies, Marylynn
Sent: Tuesday, July 10, 2018 7:50 AM
To: 'Paul Shannon'
Subject: Hatch Landscaping [REDACTED]

Paul

The above account was referred to underwriting for review.

We will require the following information and documents.

- File was cancelled for non-payment of premium by MAPFRE (April 2018) and also was cancelled by United Financial for underwriting reasons.
- Please forward a copy of the legal notice of cancellation that was issued by United Financial. We would like to review the notice and reason for cancellation.
- Please note your application did not note that there were cancellation notices for non-payment or underwriting reasons (Question 5 – General Information on application).
- Billing advised that the risk has a prior outstanding balance of \$8096 due for policy [REDACTED]
- Billing advised the new business was bound and issued as Finance company (FINCO).
- Full 100% of premium on the new business full 100% and outstanding is required and we do not see that this has been recorded.
- Please advise to why the owner is not listed. He was on the prior cross referenced file – as a driver.
- Please update our file with all drivers. We have one listed for a fleet of 8 vehicles.
- Please forward the lease between our insured and the owner of for the garaging address for the vehicles (Uxbridge address -27 River Road)
- File was cancelled for non-payment of premium by MAPFRE and also by United Financial for underwriting reasons. We will want to review a copy of the legal notice of cancellation that was issued by United Financial.

Based on the above conditions (outstanding money due and failure to pay 100% deposit) , MAPFRE is not able to continue on the account.

Please note your file that MAPFRE will be issuing a legal notice of cancellation.

Thank you.

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshaie@mapfreusa.com

5

THE COMMERCE INSURANCE COMPANY
CUSTOMER SERVICES

08/30/18

Policy Type/#: [REDACTED]	Insured: VELIZ LOGISTICS INC
Policy term: 7/24/18 to 7/24/19	13 IRVING AVE
Cancelled: 9/04/18 Reason: UNR	ATTLEBORO MA 02703
UNDERWRITING REASONS	Res Adr: 13 IRVING AVE
Initialized: 7/26/18	ATTLEBORO MA 02703
FACILITY POLICY	Agent : WM1 SHANNON INSURANCE, LLC
DIRECT BILL	Status : ACTIVE
MASS AUTO COMMERCIAL	REPRESENTATIVE PROD
CAR ceded on: 7/24/18	Group :
ISI ceded on: 7/25/18	
Tx Code: 1	

ADDITIONAL INFORMATION Enter "X" to select one.

- Policy History
- M.R.B. Inquiry
- Policy File Images
- Vehicle Inquiry
- Driver Inquiry
- EMAIL/PHONE INQUIRY
- DEC Page as of date? 083018 For VEH? ALL Print or Display? D

Lvl 03 HELP CMD 01 02 03

F11=GROUP MEMBERS

Policy issued through
collaborative Edge system
no application available

Per call to fco company
8/24/18 - NO RECORD OF
Receiving the FCO
agreement.

PREMIUM FINANCE AGREEMENT
Assigned To:
ETI FINANCIAL CORPORATION

P.O. Box 829522 • Pembroke Pines, FL 33082
(800) 995-7001 • (954) 510-8008

Date: 08-13-2018

INSURED'S NAME & ADDRESS VELIZ LOGISTICS INC	E-mail Address	PRODUCER & LENDER, NAME & ADDRESS SHANNON INSURANCE LLC.	ETI ACCT. NO. [REDACTED]
13 IRVING AVE	PHONE (508) 643-9500	429 SOUTH WASHINGTON ST #4	PRODUCER # 9602
ATTLEBORO, MA, 02703		NORTH ATTLEBORO, MA, 027600000	ETI USE ONLY

Assignment: For value received, lender hereby sells and assigns this Premium Finance Agreement, and all rights and documents related thereto, to Assignee E.T.I. Financial Corporation ("E.T.I.") as provided in a Purchase and Sale Agreement between Lender and E.T.I. E.T.I. will service this agreement and insured shall make payments at the address specified by E.T.I. The term Lender shall include E.T.I. subsequent to the assignment.

SCHEDULE OF POLICIES

FC USE ONLY	EFFECTIVE DATE	EXPIRATION DATE	NAME AND ADDRESS OF INSURING COMPANY AND MANAGING GENERAL AGENT	TYPE OF COVERAGE	POLICY NO.	PREMIUM
	07-24-2018	07-24-2019	COMMERCE INSURANCE COMPANY	COMM. AUTO EARNED FEES UNEARNED FEES	[REDACTED]	\$70,520.00 \$0.00 \$0.00

(Continued on - Schedule of Additional Policies)

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

CASH PRICE (TOTAL PREMIUM(\$))	(-) DOWN PAYMENT	(+) AMOUNT FINANCED amount of credit provided to you or on your behalf	(-) FINANCE CHARGE* the dollar amount the credit will cost you	(-) TOTAL OF PAYMENTS* amount you will have paid after you have made the scheduled payments	*ANNUAL PERCENTAGE RATE* the cost of your credit as a yearly rate
\$70,520.00	\$17,630.00	\$52,890.00	\$4,045.44	\$56,935.44	18
TOTAL SALES PRICE the total cost of your credit including your down payment (cash price + finance charge)	Security: You are giving a security interest in any and all unearned return premiums and dividends which may become payable under the policies listed above. Late Charge: If a payment is more than 70 days late, you will be charged 5% of the payment amount, with a maximum of \$5.00 if the account is for personal, family or household purposes. Prepayment: If you pay off early, you will not have to pay a penalty, and you may be entitled to a refund of part of the finance charge. See the provisions on page 2 for additional information about nonpayment, default and required repayment in full before the scheduled date, and prepayment, refunds and penalties.			YOUR PAYMENT SCHEDULE WILL BE:	
\$74,565.44				Amount of each Payment \$6,326.16	Number of Payments 9
				When first Payment is Due 08-24-2018	
Each of the monthly payments is due on the same day of each succeeding month until paid in full.					

FOR PREMIUM FINANCE CONDITIONS SEE REVERSE SIDE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age; because all or part of the applicant's income derives from any public assistance program. The Federal agency which administers compliance with this law concerning this Premium Finance Company is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

FINANCE CHARGE INCLUDES AN ADMINISTRATIVE FEE OF \$16.00.

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. INSURED ACKNOWLEDGES THAT HE HAS RECEIVED A COMPLETED COPY OF THIS AGREEMENT AND AGREES TO THE TERMS AND CONDITIONS ON BOTH PAGES 1 AND 2 OF THIS AGREEMENT.

MUST BE SIGNED Signature of Insured [Signature] Date 08-13-2018

PRODUCER CERTIFICATION: Lender Assignment to E.T.I. The undersigned hereby certifies that the down payment as shown on the contract has been paid by or on behalf of the insured, that all policies listed are or will be in force on the stated effective dates, and further, that the above agreement is a bona fide and binding contract, the insured is of legal age and has capacity to contract, the signatures are genuine, a copy of this agreement has been delivered to the insured and that the undersigned is responsible to the Lender for unearned commissions in the event of cancellation provided the undersigned is not obligated to pay the same to the scheduled insurance company. Any return premiums, endorsements or other credits received by the Producer on behalf of the Lender shall be remitted upon receipt.

MUST BE SIGNED Signature of Producer [Signature] Date 08-13-2018

Canty Deshaies, Marylynn

From: Canty Deshaies, Marylynn
Sent: Friday, August 10, 2018 11:14 AM
To: 'Paul Shannon'
Subject: FW: Veliz [REDACTED]

Paul
Please also send us a copy of the finance company agreement.
Billing advised us that this was a financed policy and we would like a copy of the agreement.
Thank you

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshaie@mapfreusa.com

MAPFRE | INSURANCE

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From: Canty Deshaies, Marylynn
Sent: Thursday, August 09, 2018 3:40 PM
To: Paul Shannon <paul@insuranceshannon.com>
Subject: Veliz [REDACTED]

Paul
Per our conversation, you mentioned you have a copy of the application and would forward to us for our file.
Thank you

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshaie@mapfreusa.com

MAPFRE | INSURANCE

*did not receive
copy of the
application*

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Canty Deshaies, Marylynn

From: Paul Shannon <paul@insuranceshannon.com>
Sent: Monday, August 13, 2018 2:59 PM
To: Canty Deshaies, Marylynn
Subject: Re: FW: Veliz [REDACTED]
Attachments: Veliz Logistics- Loss runs, finance agreement, MA Incorporation.pdf

see finance agreement, loss runs, MA incorporation

On Fri, Aug 10, 2018 at 11:14 AM, Canty Deshaies, Marylynn <mcanty-deshaie@mapfreusa.com> wrote:

Paul

Please also send us a copy of the finance company agreement.

Billing advised us that this was a financed policy and we would like a copy of the agreement.

Thank you

Mamie Canty-Deshaies

Senior Commercial Lines Underwriter

Commercial Lines Underwriting

MAPFRE Insurance

11 Gore Road, Webster Ma. 01570

Phone. 508-949-4728 | Fax. 508-671-6728

Email. mcanty-deshaie@mapfreusa.com

MAPFRE INSURANCE

PAPERLESS

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From: Canty Deshaies, Marylynn
Sent: Thursday, August 09, 2018 3:40 PM

To: Paul Shannon <paul@insuranceshannon.com>
Subject: Veliz [REDACTED]

Paul

Per our conversation, you mentioned you have a copy of the application and would forward to us for our file.
Thank you

Mamie Canty-Deshaies

Senior Commercial Lines Underwriter

Commercial Lines Underwriting

MAPFRE Insurance

11 Gore Road, Webster Ma. 01570

Phone. 508-949-4728 | Fax. 508-671-6728

Email. mcanty-deshale@mapfreusa.com

MAPFRE INSURANCE

PAPERLESS

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--
Paul F Shannon Jr.

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COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760X/DOC. DATE: 8/20/18 P.E.D.: 2018 DOC. NAME/TITLE: application		CARRIER COMMERCE NAIC CODE	
CONTACT NAME: PHONE (A/C No. Ext): 508 - 643 - 9500 FAX (A/C No.): 508 - 643 - 9511 E-MAIL ADDRESS: CODE: 1-VYM1 AGENCY CUSTOMER ID:		COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO PROGRAM CODE	
UNDERWRITER UNDERWRITER OFFICE		POLICY NUMBER	
STATES OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL 8/15/2018 01:59PM	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	PREMIUM	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$
DEALERS	\$	PROPERTY	\$
		TRANSPORTATION / MOTOR TRUCK CARGO	\$
		TRUCKERS / MOTOR CARRIER	\$
		UMBRELLA	\$
		YACHT	\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

Pen Billing
8/16/18 - yes
Finco
Status

POLICY INFORMATION

PROPOSED EFF DATE 8/15/2018	PROPOSED EXP DATE 8/15/2019	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) [REDACTED] RAYMOND BX 92 RAYNHAM MA 02767 0000				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			

08-21-2018 Webster, MA

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONTACT TYPE: ACCOUNTING

CONTACT TYPE: ACCOUNTING

CONTACT NAME:

CONTACT NAME:

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY E-MAIL ADDRESS:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	5 TITUCUT ST	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: MIDDLEBOROUGH		<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE: MA				OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 02346			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: 1209					ANY AREA LEASED TO OTHERS? Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:		<input type="checkbox"/> OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:		<input type="checkbox"/> TENANT		OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:		<input type="checkbox"/> OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:		<input type="checkbox"/> TENANT		OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:		<input type="checkbox"/> OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:		<input type="checkbox"/> TENANT		OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 2002
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
hauls cranberries

Not owned by Insd

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:
		LIEN AMOUNT:	PHONE (A/C, No, Ext):
			E-MAIL ADDRESS:
			FAX (A/C, No):

ACORD 125 (2009/08)

08-21-2018 Webster, MA

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>	N	
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
N				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>	N	
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE/HIRING?				
N				
7. 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.)				
N				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR JURY VERDICT DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				N
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)				
N				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
N				

(B) Yes

(N)

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*Cancelled with mapfre
- nonpay
[Redacted]
EFT 1-3-18 - Agent was*

ACORD 125 (2009/08)

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Shannon Insurance

08-21-2018 Webster, MA

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
1	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N
		PRIA		ONE ON MA 5			
		[REDACTED] LOSS		ONE ON SE			

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, IA, IL, IN, MI, MN, MO, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

08-21-2018 Webster, MA



**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)
8/16/2018

AGENCY: SHANNON INSURANCE, LLC
APPLICANT (First Named Insured): RAYMOND

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	BI EACH PERSON \$ 20,000 BI EACH ACCIDENT \$ 40,000			
COMPULSORY PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	PER PERSON \$ 8,000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>			
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 \$ Included in CSL	PHYSICAL DAMAGE		
OPTIONAL MEDICAL PAYMENTS	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"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
COMPULSORY UNINSURED MOTORIST	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"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	
UNDERINURED MOTORIST	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"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	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"/>	
OPTIONAL BODILY INJURY TO OTHERS	1 <input type="checkbox"/> 2 <input checked="" 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"/>	<input checked="" type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 750,000 BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION <input type="checkbox"/>	OPTIONAL COLLISION	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	
OPTIONAL HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO STATES	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS		STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE		COMP \$ SPEC COPL \$
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGES IS:	PRIMARY	SECONDARY
				(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

REMARKS

REMARKS

08-21-2018 Webster, MA

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	BI EACH PERSON \$	BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
BODILY INJURY LIABILITY	41	48	BI EACH PERSON \$		OPTIONAL COMPREHENSIVE	42	46					\$
	42	47	BI EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP		\$
	43	50			OPTIONAL COLLISION	42	47	F	FTW			\$
COMPULSORY PERSONAL INJURY PROTECTION	44		PER PERSON \$	DED \$	OPTIONAL TOWING & LABOR	43						\$
	46		YOURSELF	YOURSELF AND FAMILY MEMBERS								
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	EACH ACCIDENT \$									
	42	48										
OPTIONAL MEDICAL PAYMENTS	42	48	BI EACH PERSON \$									
	43											
COMPULSORY UNINSURED MOTORIST	42	46	CSL	BI EA PER \$								
	43		BI EACH ACCIDENT \$									
	45		PROPERTY DAMAGE \$									
UNDERINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	43		BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FIRTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	45				OPTIONAL COMPREHENSIVE	46						
OPTIONAL BODILY INJURY TO OTHERS	41	45	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	46						
	42	47	BI EACH ACCIDENT \$		OPTIONAL COLLISION	46						\$
	43	50	MOTORCYCLE GUEST OCCUPANT EXCLUSION									
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	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE							
	NO		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
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

REMARKS

08-21-2018 Webster, MA

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	62	63	64	65	66	67	68	69	70	71	DEDUCTIBLE
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 \$							\$
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	DED \$						\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YOURSELF	<input type="checkbox"/> YOURSELF AND FAMILY MEMBERS						\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$							\$
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$							\$
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<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 \$							\$
UNDERINSURED MOTORIST	<input type="checkbox"/>	<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 \$							\$
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<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 \$							\$
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS						\$
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS						\$
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUP TYPE	NUMBER OF						\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EMPLOYEES							\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VOLUNTEERS							\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PARTNERS							\$
OTHER												\$

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

COVERED AUTO SYMBOLS	DESCRIPTION
(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)	HIRE 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 (2006/05)

08-21-2018 Webster, MA

AGENCY CUSTOMER ID: _____



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)
8/16/2018

AGENCY, SHANNON INSURANCE, LLC NORTH ATTLEBORO		02760	CARRIER COMMERCE	NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND	

COVERAGES / LIMITS

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

DRIVER INFORMATION ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME (include address, if required)	SEX	DOB	YAS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN #1 FAULT	DOC	USE VEH #	% USE	
1	RAYMOND	M					MA						

*Licensed cancelled
CDL licensed cancelled per attached*

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		V / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		N
VEH #	NAME OF OTHER OWNER	
VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		Y
4. ARE ANY VEHICLES LEASED TO OTHERS?		N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (include customized vans / pickups)		N
VEH #	DESCRIPTION	COST \$
VEH #	DESCRIPTION	COST \$
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (if "YES", attach ACORD 194)		N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		N

ACORD 127 (2010/05)

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GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

8. ANY HOLD HARMLESS AGREEMENTS?	Y/N
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 64 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 65 mph through 70 mph.	Y
15. HAS AGENT INSPECTED VEHICLES?	Y
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N

DESCRIPTION OF GARAGE / STORAGE LOCATION: _____

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
\$ _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #: _____ NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

08-21-2018 Webster, MA

AGENCY CUSTOMER ID: _____

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: FRHT	MODEL: CONVEN	BODY TYPE: TRACT	V.I.N.: 1FUJDSEB1RH415543	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
1	1994					PP	SPEC	<input checked="" type="checkbox"/> COML				
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY		STATE	ZIP			
					RAYNHAM			MA	02767			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
	235	50000	50:34				10021		\$ 80000			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
			LIAB NO. FAULT	MED PAY UNINS MOTOR	FT		COMP / OTC		AA		ST AMT	\$ 1000
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	UN=20/40	TOTAL PREM: \$							

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	MAIC CODE
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) [REDACTED] RAYMOND

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
						PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required In KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LAB NO. FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL		AA	ST AMT		
FARM	SERVICE											
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE:									COLL
TOTAL PREM: \$												
						PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required In KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LAB NO. FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL		AA	ST AMT		
FARM	SERVICE											
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE:									COLL
TOTAL PREM: \$												
						PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required In KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LAB NO. FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL		AA	ST AMT		
FARM	SERVICE											
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE:									COLL
TOTAL PREM: \$												
						PP	SPEC	COML				
GARAGING ADDRESS		STREET (Required In KY)			CITY	COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LAB NO. FAULT	MED PAY UNINS MOTOR	FT	FTW	COLL		AA	ST AMT		
FARM	SERVICE											
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH PRICE:									COLL
TOTAL PREM: \$												

ACORD 129 (2009/11)

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08-21-2018 Webster, MA

ACORD COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE DATE 8/16/2018

PRODUCER
PHONE (A/C, Hb, Ext): 508 - 643 - 9500
FAX (A/G, No): 508 - 643 - 9511
SHANNON INSURANCE, LLC
420 SOUTH WASHINGTON STREET

NORTH ATTLEBORO MA 02760

CODE: 1-WM1 SUB CODE:
AGENCY CUSTOMER ID:

APPLICANT (First Name Insured) **RAYMOND**

FOR COMPANY USE ONLY

DRIVER INFORMATION

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

DRIVER #	NAME (include address, if required)	SEX	MAR.	DATE OF BIRTH	YRS. EXP.	YEAR LIC.	DRIVER LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC.	DATE HIRE	BROADER NO. FACT.	DOC.	USE VEH. #	% USE

ACORD 183 (2000/11)

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08-21-2018 Webster, MA

AGENCY CUSTOMER ID:



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
8/18/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____ REFERENCE / LOAN #: _____ LIEN AMOUNT: _____		INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____ REFERENCE / LOAN #: _____ LIEN AMOUNT: _____		INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____ REFERENCE / LOAN #: _____ LIEN AMOUNT: _____		INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____ REFERENCE / LOAN #: _____ LIEN AMOUNT: _____		INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____

A CORD 45 (2009/04)

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Canty Deshaies, Marylynne

From: Canty Deshaies, Marylynne
Sent: Monday, August 20, 2018 8:44 AM
To: 'Paul Shannon'
Subject: [REDACTED] Raymond

Paul

The new business for the above insured has been processed.

In our review we noted that the insured does not have an active or valid Mass driver's license or an active CDL License.

In addition, our review revealed a prior non-payment of cancellation on prior policy [REDACTED] - Cancelled January 3, 2018.

Insured also was cancelled under [REDACTED] June 2015- but because no deposit – it cancelled flat for May date.

The application was not completed properly for this insured as it did not note this information under the General Information page – question 5-“any policy or coverage declined, cancelled or non-renewed ...” .

Due to the prior non-payment, a deposit of 100% should have been collected and submitted –Per CAR Rule 15.

Research also notes that the risk does not appear to be Mass domicile and does not meet the CAR Rule 2 –Principal Place of Business definition.

The risk addresses provided (5 Titicut Street , Middleborough and 142 Elm Street, Raynham –per FMSCA and prior file) are not owned by the insured per the Patriot Property databases. The prior file ([REDACTED]) shows that the insured moved to Florida by evidence of the address change submitted to Mapfre for processing . And per the review of the Florida assessors, insured does owns a home in Florida.

Today, a legal notice of cancellation produced for the reasons below:

- Named Insured does not have an active Massachusetts Driver's license
- Named Insured does not have an active CDL license
- Failure to pay 100% deposit for new business issuance –Per Car Rule 15.
- Failure to submit copy of the finance company agreement.
- Risk does not meet CAR Rule 2- Principal place of business

Please note your file of the above. If you have any questions please let us know.

Thank you.

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshaie@mapfreusa.com

MAPFRE INSURANCE

PAPERLESS

ATTACHMENT B

Attachment B

CAR Rule 14, Rules of Operation, Exclusive Representative Producer Requirements; Rule 14.B.1 e. states provide a reasonable and good faith effort to verify the information provided by the applicant, including rating and licensing data.

Insured	Policy #	Effective Date	New Business or Endorsement	Violation
████████ Raymond	████████	08/15/18	New Business	Failure to validate driver information. Application submitted with the only listed driver with cancelled Massachusetts driver's license and cancelled CDL license.

ATF



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760 X/DOC. DATE: <u>8/20/18</u>		CARRIER COMMERCE		NAIC CODE
P.E.D.: <u>2018</u>		COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO		PROGRAM CODE
CONTACT NAME: _____ PHONE (A/C No. Ext): <u>508 - 643 - 9500</u> FAX (A/C No.): <u>508 - 643 - 9511</u> E-MAIL ADDRESS: _____ CODE: <u>1-WM1</u> SUBCODE: _____		POLICY NUMBER: [REDACTED]		UNDERWRITER OFFICE
AGENCY CUSTOMER ID: _____		QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE _____ TIME _____ AM _____ PM CANCEL <u>8/15/2018</u> <u>01:59PM</u>		STATUS OF TRANSACTION

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for O&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

Per Billing
8/16/18 - yes
Finco
Status

POLICY INFORMATION

PROPOSED EFF DATE 8/15/2018	PROPOSED EXP DATE 8/15/2019	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
--------------------------------	--------------------------------	--	--------------	-------------------	-------	---------	-----------------	----------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) RAYMOND BX 92 RAYNHAM MA 02767 0000		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____		NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>		BUSINESS PHONE #: [REDACTED] WEBSITE ADDRESS: _____	
NAME (Other Names Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____		NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>		BUSINESS PHONE #: [REDACTED] WEBSITE ADDRESS: _____	
NAME (Other Names Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____		NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>		BUSINESS PHONE #: [REDACTED] WEBSITE ADDRESS: _____	

ACORD 125 (2009/08)

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: ACCOUNTING

CONTACT TYPE: ACCOUNTING

CONTACT NAME:

CONTACT NAME:

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY E-MAIL ADDRESS:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	5 TITUCUT ST	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: MIDDLEBOROUGH		<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: MA				TOTAL BUILDING AREA: SQ FT
	COUNTY:	ZIP: 02346			ANY AREA LEASED TO OTHERS? Y/N
DESCRIPTION OF OPERATIONS: 1209					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	INSIDE	OWNER		OCCUPIED AREA: SQ FT
	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
	ZIP:				ANY AREA LEASED TO OTHERS? Y/N
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	INSIDE	OWNER		OCCUPIED AREA: SQ FT
	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
	ZIP:				ANY AREA LEASED TO OTHERS? Y/N
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	INSIDE	OWNER		OCCUPIED AREA: SQ FT
	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
	ZIP:				ANY AREA LEASED TO OTHERS? Y/N
DESCRIPTION OF OPERATIONS:					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 2002
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
hauls cranberries

Not owned by Insd

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED:

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER			
		LOCATION:		BUILDING:		VEHICLE:		BOAT:		AIRPORT:	
REFERENCE / LOAN #:		INTEREST END DATE:		PHONE (A/C, No, Ext):		FAX (A/C, No):		ITEM CLASS:		ITEM:	
LIEN AMOUNT:		E-MAIL ADDRESS:		REASON FOR INTEREST:							

ACORD 125 (2009/08)

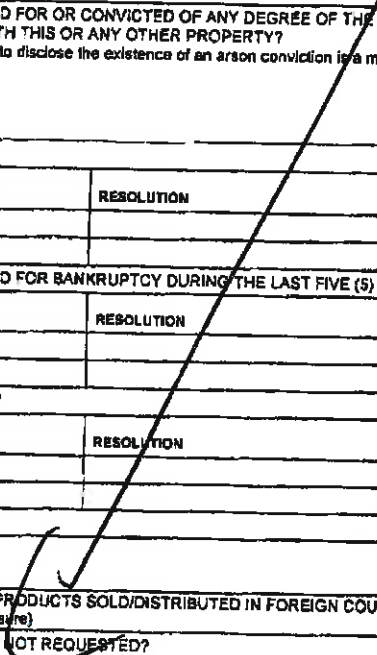
GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		N
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		N
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE/HIRING?				N
7. 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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR FINE DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				N
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 815 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

Byes



REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*Cancelled with mapfre
[redacted] - nonpay
Eff 1-3-18 - Agent was*

Shannon Insurance

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss information)

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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N
		PRIA					
		[REDACTED]					
		LOSS					

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, MA, NC, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION, HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)
8/16/2018

AGENCY
SHANNON INSURANCE, LLC

APPLICANT (First Named Insured)
RAYMOND

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 \$ 20,000 BI EACH ACCIDENT \$ 40,000											
COMPULSORY PERSONAL INJURY PROTECTION	6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	PER PERSON \$ 8,000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS											
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 \$ Included in CSL	PHYSICAL DAMAGE										
OPTIONAL MEDICAL PAYMENTS	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"/> 9 <input type="checkbox"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$								
COMPULSORY UNINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	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"/> 9 <input type="checkbox"/>									
UNDERINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	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"/> 9 <input type="checkbox"/>									
OPTIONAL BODILY INJURY TO OTHERS	1 <input type="checkbox"/> 2 <input checked="" 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 checked="" type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 750,000 SPEC ON ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	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"/> 9 <input type="checkbox"/>									
OPTIONAL HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO STATES	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	<table border="1"> <tr> <th>STATES</th> <th># DAYS</th> <th># VEH</th> <th>COVERAGE/DEDUCTIBLE</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				
STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE										
OPTIONAL NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO STATES	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>COMP \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>SPEC C OF L \$</td> </tr> </table>		<input type="checkbox"/>	COMP \$	<input type="checkbox"/>	SPEC C OF L \$				
<input type="checkbox"/>	COMP \$												
<input type="checkbox"/>	SPEC C OF L \$												
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY	SECONDARY								
REMARKS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS												

TRUCKERS 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
BODILY INJURY LIABILITY	41	48	BI EACH PERSON \$		OPTIONAL COMPREHENSIVE	42	45					
	42	47	BI EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS	43	47		SCL	FT	LSP	\$
	43	50			OPTIONAL COLLISION	42	46		F	FTW		\$
COMPULSORY PERSONAL INJURY PROTECTION	44		PER PERSON \$	DED \$	OPTIONAL TOWING & LABOR	43	47					\$
	46		YOURSELF	YOURSELF AND FAMILY MEMBERS		46						
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	EACH ACCIDENT \$									
	42	46										
OPTIONAL MEDICAL PAYMENTS	42	46	PER PERSON \$									
	43											
COMPULSORY UNINSURED MOTORIST	42	46	CSL	BI EA PER \$								
	43											
	45		PROPERTY DAMAGE \$									
UNDERINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	43											
	45		BI EACH ACCIDENT \$									
OPTIONAL BODILY INJURY TO OTHERS	41	46	CSL	BI EA PER \$	OPTIONAL COMPREHENSIVE	48						
	42	47				49						
	43		BI EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS	48						
						49						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	48						\$
	NO		\$			49						
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	OTHER	COVERAGES:	PRIMARY	SECONDARY				
	NO		EMPLOYEES									
			VOLUNTEERS									
OTHER			PARTNERS									

COVERED AUTO SYMBOLS
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (48) 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 (49) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (43) OWNED COMMERCIAL AUTOS ONLY (50) NON-OWNED AUTOS ONLY

REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE									
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	FARTH ZONE	# TRAILERS	# DAYS	RADIUS	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									
COMPULSORY UNINSURED MOTORIST	62	66	CSL	EA PER \$											
	63	67	BI EACH ACCIDENT \$												
	64		PROPERTY DAMAGE \$												
UNDERINSURED MOTORIST	62	68	CSL	EA PER \$	TRAILER INTERCHANGE										
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
OPTIONAL BODILY INJURY TO OTHERS	61	64	CSL	EA PER \$	OPTIONAL COMPREHENSIVE	69									
	62	67	BI EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS	70									
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	70									
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 HIRED PHYSICAL DAMAGE										
	NO		EMPLOYEES												
			VOLUNTEERS												
OTHER			PARTNERS												
COVERED AUTO SYMBOLS				OTHER				COVERAGE IS:		PRIMARY	SECONDARY				
(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
-----------------------	------	----------------------	--------------------------



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC NORTH ATTLEBORO 02760		CARRIER COMMERCE	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND	

COVERAGES / LIMITS

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

DRIVER INFORMATION

ACORD 163 attached for additional drivers

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

DRIVER #	NAME (include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAUL	DOC	USE VEH #	% USE
1	RAYMOND		M	[REDACTED]			[REDACTED]	MA					

*Licensed cancelled
CDL licensed cancelled
per attached*

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

- WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	Y/N
				N
- DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? N
- IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? Y
- ARE ANY VEHICLES LEASED TO OTHERS? N
- ANY CAR MODIFIED / SPECIAL EQUIPMENT? (include customized vans / pickups)

VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$
- ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) N
- DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? N

ACORD 127 (2010/05)

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GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y/N										
8. ANY HOLD HARMLESS AGREEMENTS?		N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.		N										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		N										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		N										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 64 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 65 mph through 70 mph.		Y										
<table border="1"> <thead> <tr> <th>DRV #</th> <th>DATE (MM/DD/YYYY)</th> <th>TYPE</th> <th>PLACE (CITY, STATE)</th> <th># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV								
15. HAS AGENT INSPECTED VEHICLES?		Y										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?		N										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS		MAXIMUM DOLLAR VALUE SUBJECT TO LOSS										
		\$										

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

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: LOCATION:
	REFERENCE / LOAN #:				
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: LOCATION:
	REFERENCE / LOAN #:				

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID: _____

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: FRHT	MODEL: CONVEN	BODY TYPE: TRACT	V.I.N.: 1FLYDSEB1RH415543	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
1	1994					PP	SPEC	<input checked="" type="checkbox"/>	COML			
GARAGING ADDRESS	STREET (Required in KY)		CITY		COUNTY		STATE	ZIP				
	RAYNHAM						MA	02767				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL				
235		50000	5034				Local					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADDL NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
FARM	SERVICE		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP / OTC		AA	ST AMT	\$ 1000	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER	UN=20/40								COLL
TOTAL PREM: \$												

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	MAIC CODE
POLICY NUMBER	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/ OTC	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRIVER	TOTAL PREM: \$								
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/ OTC	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRIVER	TOTAL PREM: \$								
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/ OTC	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRIVER	TOTAL PREM: \$								
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/ OTC	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRIVER	TOTAL PREM: \$								
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/ OTC	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRIVER	TOTAL PREM: \$								

ACORD 129 (2009/11)

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ACORD™ COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE		DATE 8/16/2018
PRODUCER PHONE (AG.No. Ext): 508 - 643 - 9500 FAX (AG.No.): 508 - 643 - 9511 SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760	APPLICANT (First Named Insured) [REDACTED] RAYMOND FOR COMPANY USE ONLY	
CODE: 1-WM1	SUB CODE:	
AGENCY CUSTOMER ID:		

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)	MAR SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN IND-FAULT	DOC	USE VEH #	% USE

AGENCY CUSTOMER ID: _____



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	NAIC CODE
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____
REASON FOR INTEREST: _____		

ACORD 45 (2009/04)

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Canty Deshaies, Marylynne

From: Canty Deshaies, Marylynne
Sent: Monday, August 20, 2018 8:44 AM
To: 'Paul Shannon'
Subject: [REDACTED] Raymond

Paul

The new business for the above insured has been processed.

In our review we noted that the insured does not have an active or valid Mass driver's license or an active CDL License.

In addition, our review revealed a prior non-payment of cancellation on prior policy [REDACTED] Cancelled January 3, 2018.

Insured also was cancelled under [REDACTED] - June 2015- but because no deposit – it cancelled flat for May date. The application was not completed properly for this insured as it did not note this information under the General Information page – question 5-“any policy or coverage declined, cancelled or non-renewed ...” . Due to the prior non-payment, a deposit of 100% should have been collected and submitted –Per CAR Rule 15.

Research also notes that the risk does not appear to be Mass domicile and does not meet the CAR Rule 2 –Principal Place of Business definition.

The risk addresses provided (5 Titicut Street , Middleborough and 142 Elm Street, Raynham –per FMSCA and prior file) are not owned by the insured per the Patriot Property databases. The prior file [REDACTED] shows that the insured moved to Florida by evidence of the address change submitted to Mapfre for processing . And per the review of the Florida assessors, insured does owns a home in Florida.

Today, a legal notice of cancellation produced for the reasons below:

- Named Insured does not have an active Massachusetts Driver's license
- Named Insured does not have an active CDL license
- Failure to pay 100% deposit for new business issuance –Per Car Rule 15.
- Failure to submit copy of the finance company agreement.
- Risk does not meet CAR Rule 2- Principal place of business

Please note your file of the above. If you have any questions please let us know.

Thank you.

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshale@mapfreusa.com

MAPFRE | INSURANCE

PAPERLESS

08-17-2018 08:56

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

POLICY AMEND SCREEN

FUNCTION: UPA MSG: INQUIRY COMPLETE

ACT CD: I B=BIND VER, C=CANCEL, R=REINS, U=AMEND UNPD, P=PH, V=VEH DISPLAY

POL TYP: C INS CO: 279 COMMERCE INSURANCE STATUS/DTE: CANC / 01/03/2018

POL NUMBER: [REDACTED] POL EFF DATE: 09/04/2017 POL EXP DATE: 09/04/2018

CANCEL: EFFECTIVE DATE: 01/03/2018 REASON: NONP UNPAID PREM:
REINSTATE: EFFECTIVE DATE: REASON: SOURCE:
CLEAR UNPD: REASON:

PH LIC #: [REDACTED]
NAME L: RAYMOND
CORP:

F: [REDACTED]

ST: FL
M: E

FID:
DOB: 12/02/1954

MAIL ADDR: BX 92
BLDG/APT:

CITY: RAYNHAM

ST: MA ZIP: 02767



Commercial
Automobile
Operator - MRB Summary



Main | Manage Work

Next Page:

Operator Inquiry Search Fields

Policy Effective Date:

License Number:

State:

Operator Person Information			
License Number:	<input type="text" value=""/>	License State:	MA
Name:	RAYMOND		
Residential Address:	5 TITICUT ST MIDDLEBORO MA 02346-1209	Mail Address:	PO BOX 92 RAYNHAM MA 02767-0092
Date of Birth:	12/2/1954	Deceased Date:	
Date First License:	3/21/1992	Drivers Ed:	N
Organ Donor:	N		
Gender:	M	Height:	5' 11"
Eye Color:	UNK	Veteran:	N
Military:	N	Military Branch:	
Liquor Id:	Y		

Operator Current License			
License Issued:	11/21/2014	License Expiration:	12/2/2019
License Class:	AM	License Cancellation:	1/22/2018
License Status:	CAN	CDL Status:	CAN
SD/P:	04	Clean In Three:	N
Disabled Placard:			

Permit Info:	N/A		
Active Endorsements:	Effective 11/21/2014 - 12/2/2019 N - Tanker	Active Restrictions:	None
	Effective 11/21/2014 - 12/2/2019 P - Passenger		
	Effective 11/21/2014 - 12/2/2019 T - Doubles/Triples		

Operator Merit Rating Incidents						
Incident Date	Description	Incident Type	Disposition	Town Number	Surcharge Date	Incident Points
2/13/2015	MAJOR ACCIDENT	A	R	999	2/27/2015	3
1/21/2014	EXPIRED/NO LICENSE	V	G	999	3/4/2014	1
10/10/2013	SPEEDING	V	R	999	11/15/2013	0

Operator Claims History									
Incident Date	Notice Date	Description	Location	At Fault	Vehicle Id	Policy Number	Policy Effective Date	Insurer	Claim Number
2/13/2015	2/27/2015	COLLISION LOSS \$6937	999	<input checked="" type="checkbox"/>	1GCDT136158213921	[REDACTED]	3/4/2014	279	HNRAP7
2/13/2015	2/27/2015	PROPERTY DAMAGE LIABILITY LOSS \$3860	999	<input checked="" type="checkbox"/>	1GCDT136158213921	[REDACTED]	3/4/2014	279	HNRAP8

Operator License History										
License Type	Issuance Type	License Number	License State	License Class	Issuance Date	Expiration Date	Cancellation Date	Gender	Height	Organ Donor
L	Renewal	[REDACTED]	MA	AM	11/21/2014	12/2/2019	1/22/2018	MALE	5' 11"	N
L	Renewal	[REDACTED]	MA	AM	11/30/2009		11/21/2014	MALE	5' 11"	N
L	Renewal	[REDACTED]	MA	AM	12/1/2004		11/30/2009	MALE	5' 11"	N
L	Renewal	[REDACTED]	MA	AM	12/20/1999		12/1/2004	MALE	5' 11"	N
L	Renewal	[REDACTED]	MA	AM	12/12/1994		12/20/1999	MALE	5' 11"	N
L	New Issuance	[REDACTED]	MA	A	4/27/1992		12/12/1994	MALE	5' 11"	N
L	Class Change	[REDACTED]	MA	A	4/24/1992		4/27/1992	MALE	5' 11"	N
L	Class Change	[REDACTED]	MA	D	3/21/1992		4/24/1992	MALE	5' 11"	N

Jump to Top

ATTACHMENT C

Attachment C

CAR Rule 14, Rules of Operation, Exclusive Representative Producer Requirements; Rule 14.B.1.g states in relevant part, Verify that the applicant has not been in default in the payment of any Motor Vehicle Insurance Premiums in the past 24 months.

Insured	Policy #	Effective Date	New Business or Endorsement	Violation
AA Enterprise Shipping LLC	[REDACTED]	07/01/18	New Business	<p>Failure to provide completed application. General information section, question #5 asks "Any policy coverage declined or non-renewed during the prior three (3) years for premises or operation."</p> <p>Application/Agent did not provide information of prior non -payment with Progressive Insurance policy as of 08/08/2018.</p>
Hatch Landscape & Design Inc	[REDACTED]	07/03/18	New Business	<p>Failure to provide completed application. General information section, question #5 asks "Any policy coverage declined or non-renewed during the prior three (3) years for premises or operation."</p> <p>Application/Agent did not provide information of prior non -payment with MAPFRE Insurance Policy [REDACTED] that was cancelled on 04/04/2018.</p> <p>Policy [REDACTED] has outstanding premium due MAPFRE of \$8095. Agent failed to collect outstanding premium of \$8095 due MAPFRE Insurance.</p>

████████ Raymond	████████	08/15/18	New Business	Failure to provide completed application. General information section, question #5 asks "Any policy coverage declined or non-renewed during the prior three (3) years for premises or operation. Application/Agent answered "no". Applicant cancelled with MAPFRE Insurance Policy # ██████████ on 01/03/2018.
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COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
 7/5/2018

AGENCY SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760		CARRIER COMMERCE NAIC CODE	
CONTACT NAME: PHONE (A/C No. Ext): 508 - 643 - 9500 FAX (A/C No.): 508 - 643 - 9511 E-MAIL ADDRESS: CODE: 1-WM1 SUBCODE:		COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO PROGRAM CODE	
AGENCY CUSTOMER ID:		POLICY NUMBER [REDACTED]	
UNDERWRITER		UNDERWRITER OFFICE	
STATUS OF TRANSACTION		QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 7/3/2018 10:50	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	Symbol 7, 8 Hired Auto
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASBN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE 7/1/2018	PROPOSED EXP DATE 7/1/2019	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
-------------------------------	-------------------------------	--	--------------	-------------------	-------	---------	-----------------	----------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) AA ENTERPRISE SHIPPING L				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL				BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:				<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP			
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST							
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL				BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:				<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP			
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST							
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL				BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:				<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP			
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST							

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: ACCOUNTING		CONTACT TYPE: ACCOUNTING	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	106 GENEVA AVE	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: DORCHESTER	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: MA				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP: 02121				ANNUAL REVENUES: \$
DESCRIPTION OF OPERATIONS: 0000					OCCUPIED AREA: SQ FT
					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT

NATURE OF BUSINESS

APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	SERVICE <input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	

DESCRIPTION OF PRIMARY OPERATIONS
trucking- general commodities

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:	
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:				
			LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):		
					E-MAIL ADDRESS:			

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				Y/N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
<i>sb checked off</i>				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				Y
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
<i>Reason - pay per</i>				
7. 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).				N
<i>Registry 6/7/18</i>				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Cancelled with Progressive

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in CA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)
7/5/2018

AGENCY
SHANNON INSURANCE, LLC

APPLICANT (First Named Insured)
AA ENTERPRISE SHIPPING LLC

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 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"/>	BI EACH PERSON \$ 20,000 BI EACH ACCIDENT \$ 40,000			
COMPULSORY PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	PER PERSON \$ 8,000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 \$ Included in CSL	PHYSICAL DAMAGE		
OPTIONAL MEDICAL PAYMENTS	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"/> 9 <input type="checkbox"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	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"/>	\$
COMPULSORY UNINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	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"/> 9 <input type="checkbox"/>	
UNDERINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	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"/> 9 <input type="checkbox"/>	
OPTIONAL BODILY INJURY TO OTHERS	1 <input type="checkbox"/> 2 <input checked="" 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 checked="" type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ <input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	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"/> 9 <input type="checkbox"/>	
OPTIONAL HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS			COMP \$ SPEC C OF L \$
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
			COVERAGE IS:	PRIMARY	SECONDARY
				(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS				LIMITS		PHYSICAL DAMAGE								
	41	42	43	46	BI EACH PERSON \$	BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DEDUCTIBLE			
BODILY INJURY LIABILITY							OPTIONAL COMPREHENSIVE	42	43	46	47		\$		
COMPULSORY PERSONAL INJURY PROTECTION	44				PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42	43	46	47	SCL	FT	LSP	
	45				YOURSELF	YOURSELF AND FAMILY MEMBERS		42	43	46	47	F	FTW		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	47		EACH ACCIDENT \$		OPTIONAL COLLISION	42	43	46	47			\$	
OPTIONAL MEDICAL PAYMENTS	42		46		EACH PERSON \$		OPTIONAL TOWING & LABOR	42	43	46	47			\$	
	43							48						\$	
COMPULSORY UNINSURED MOTORIST	42		46		CSL	BI EA PER \$	TRAILER INTERCHANGE	COVERAGES	SYMBOL	# TRAILERS	PARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	43				BI EACH ACCIDENT \$			OPTIONAL COMPREHENSIVE	48						
	45				PROPERTY DAMAGE \$			OPTIONAL SPECIFIED CAUSES OF LOSS	48						
UNDERINSURED MOTORIST	42		46		CSL	BI EA PER \$	OPTIONAL COLLISION	48						\$	
	43				BI EACH ACCIDENT \$			48							
	45							48							
OPTIONAL BODILY INJURY TO OTHERS	41		46		CSL	BI EA PER \$	OPTIONAL COLLISION	48							
	42		47		BI EACH ACCIDENT \$			48							
	43		50		MOTORCYCLE GUEST OCCUPANT EXCLUSION			48							
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE \$	IF ANY BASIS	OPTIONAL COLLISION	48						\$	
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE \$	IF ANY BASIS		STATES	# DAYS	# VEH					
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE								
	NO				EMPLOYEES										
					VOLUNTEERS										
OTHER					PARTNERS		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

REMARKS

MOTOR CARRIER SECTION

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

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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

ACORD 137 MA (2006/05) Page 3 of 3



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

AGENCY SHANNON INSURANCE, LLC NORTH ATTLEBORO		02760	CARRIER COMMERCE	DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/1/2018	NAMED INSURED(S) AA ENTERPRISE SHIPPING LLC		NAIC CODE

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION
 ACORD 163 attached for additional drivers

DRIVER INFORMATION

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

DRIVER #	NAME (include address, if required)	SEX	DOB	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN (Y/N)	DOC	USE VEH #	% USE
1	ISHMAEL [REDACTED]	M		11/14/1973		1991	[REDACTED]	MA					
	(P) Brown [REDACTED] 4-30-55												
	[REDACTED]												

*active license
+ CDL license*

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

- WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? Y/N
- DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? N
- IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? N
- ARE ANY VEHICLES LEASED TO OTHERS? Y
- ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) N
- ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) N
- DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? N

*Don't do filing later has
 though dismissed
 But dismissed
 11-2017*

ACORD 127 (2010/05)

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

8. ANY HOLD HARMLESS AGREEMENTS?	Y/N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	Y										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	N										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	Y										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 64 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 65 mph through 70 mph.</small>	N										
<table border="1"> <tr> <th>DRV #</th> <th>DATE (MM/DD/YYYY)</th> <th>TYPE</th> <th>PLACE (CITY, STATE)</th> <th># YRS REV</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						N
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	N										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	N										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ _____

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

9 50221

VEHICLE DESCRIPTION **ACORD 129 attached for additional vehicles** **AGENCY CUSTOMER ID:** _____

VEH # 1	YEAR 2012	MAKE: FRHT	MODEL: CA125	BODY TYPE: TRACT	V.I.N.: 1FUJGLDR8CSBH2237	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
821		80000	4022				Inter.		\$ 170763			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR	FT		COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE				FTW		COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:	MP=5000 UN=100/100 UND=100/100 Wair=Y							\$ 1000	\$ 1000
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR	FT		COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE				FTW		COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:								\$	\$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR	FT		COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE				FTW		COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:								\$	\$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR	FT		COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE				FTW		COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:								\$	\$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR	FT		COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE				FTW		COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:								\$	\$

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ACORD 127 (2010/05)



AGENCY CUSTOMER ID:

VEHICLE SCHEDULE

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/1/2018	NAIC CODE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.L.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
						PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GWV / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	<input type="checkbox"/> ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB FG	<input type="checkbox"/> DEDUCTIBLES
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH PRICE:						TOTAL PREM: \$
						PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GWV / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	<input type="checkbox"/> ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB FG	<input type="checkbox"/> DEDUCTIBLES
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH PRICE:						TOTAL PREM: \$
						PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GWV / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	<input type="checkbox"/> ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB FG	<input type="checkbox"/> DEDUCTIBLES
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH PRICE:						TOTAL PREM: \$
						PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS		STREET (Required in KY)			CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GWV / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	<input type="checkbox"/> ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB FG	<input type="checkbox"/> DEDUCTIBLES
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH PRICE:						TOTAL PREM: \$

ACORD 129 (2009/11)

ACORDTM COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE
7/5/2018

PRODUCER PHONE (A/C No. Ext): 508 - 643 - 9500
FAX (A/C No): 508 - 643 - 9511

SHANNON INSURANCE, LLC
420 SOUTH WASHINGTON STREET

NORTH ATTLEBORO MA 02760

APPLICANT (First Named Insured)
AA ENTERPRISE SHIPPING LLC

FOR COMPANY USE ONLY

CODE: 1-WM1 SUB CODE:

AGENCY
CUSTOMER ID:

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)	MARR. SEX STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN RD-FAMILY	DOC	TYPE VEH #	% USE



AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST SCHEDULE

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/1/2018	NAMED INSURED(S) AA ENTERPRISE SHIPPING L
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
---	--	--

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
---	--	--

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
---	--	--

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
---	--	--

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
---	--	--

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
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08/27/2018 08:54

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
POLICY HISTORY SCREEN

CAR DOCKET #MR18.05
EXHIBIT #2
PAGE 89 OF 170
UGU3040

FUNCTION: UPH MSG: RESUME PRIMARY SESSION

PG 01

PH LIC #:

ST: TOTAL UNPAID: \$ 2726

FID #:

CORP: AA ENTERPRISE SHIPPING LLC

NAME L:

F:

M:

DOB:

MAIL ADDR: 106 GENEVA AVE

CITY: DORCHESTER

ST: MA

ZIP: 02121

BLDG/APT: APT 2

P	INS CO	POLICY	POLICY	STATUS	STATUS	UNPAID	
T	CODE	POLICY NUMBER	EFF DATE	EXP DATE	EFF DATE	CODE	PREMIUM
C	279	[REDACTED]	07/01/2018	07/01/2019	08/06/2018	CANC	2726 +
C	737	[REDACTED]	02/08/2018	08/08/2018	06/07/2018	CANC	

08-27-2018 08:42

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

UGU3120

POLICY AMEND SCREEN

FUNCTION: UPA MSG: INQUIRY COMPLETE

ACT CD: I B=BIND VER, C=CANCEL, R=REINS, U=AMEND UNPD, P=PH, V=VEH DISPLAY

POL TYP: C INS CO: 737 PROGRESSIVE CASLTY STATUS/DTE: CANC / 06/07/2018

POL NUMBER: [REDACTED] POL EFF DATE: 02/08/2018 POL EXP DATE: 08/08/2018

CANCEL: EFFECTIVE DATE: 06/07/2018 REASON: NONP UNPAID PREM:
REINSTATE: EFFECTIVE DATE: REASON: SOURCE:
CLEAR UNPD: REASON:

PH LIC #: ST: FID: [REDACTED]
NAME L: F: M: DOB:
CORP: AA ENTERPRISE SHIPPING LLC

MAIL ADDR: 106 GENEVA AVE CITY: DORCHESTER ST: MA ZIP: 02121
BLDG/APT:



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
 7/5/2018

AGENCY SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02780		CARRIER COMMERCE COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO POLICY NUMBER		NAIC CODE PROGRAM CODE
CONTACT NAME: PHONE (A/C No. Ext): 508 - 643 - 9500 FAX (A/C No.): 508 - 643 - 9511 E-MAIL ADDRESS: CODE: 1-WM1 SUBCODE:		UNDERWRITER UNDERWRITER OFFICE		STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL 7/3/2018 04:30PM

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 7/3/2018	PROPOSED EXP DATE 7/3/2019	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) HATCH LANDSCAPE AND DESIGN INC				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:				BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST							
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:				BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST							
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:				BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST							

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: **ACCOUNTING**

CONTACT TYPE: **ACCOUNTING**

CONTACT NAME:

CONTACT NAME:

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY E-MAIL ADDRESS:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	217 RIVER RD	<input checked="" type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: UXBRIDGE	STATE: MA	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 01569			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: 2246					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N
		<input type="checkbox"/> INSIDE	OWNER		ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N
		<input type="checkbox"/> INSIDE	OWNER		ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N
		<input type="checkbox"/> INSIDE	OWNER		ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS? Y / N
		<input type="checkbox"/> INSIDE	OWNER		ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 2012
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
paving CONTRACTOR

Large Indus PK

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #:	INTEREST END DATE:	LOCATION:	BUILDING:	VEHICLE:	BOAT:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	AIRPORT:	AIRCRAFT:	(ITEM CLASS):	ITEM:	ITEM DESCRIPTION
	REASON FOR INTEREST:	E-MAIL ADDRESS:	FAX (A/C, No):				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				Y
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):	not complete	
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. 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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

not complete

need reason. t&f Owen

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

** Cancelled w/ MAPTR's Insurance [redacted] Eff 4/4/18 - Agent was Shannon Insurance Agency*

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, Insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE, LLC	APPLICANT (First Named Insured) HATCH LANDSCAPE AND DESIGN INC
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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 \$ 20,000 BI EACH ACCIDENT \$ 40,000					
COMPULSORY PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	PER PERSON \$ 8,000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS					
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 checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>	EACH ACCIDENT \$ Included in CSL	PHYSICAL DAMAGE				
OPTIONAL MEDICAL PAYMENTS	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$		
COMPULSORY UNINSURED MOTORIST	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>			
UNDERINSURED MOTORIST	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <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 checked="" type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	<input checked="" type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>			
OPTIONAL HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGES/DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS					
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGES IS:	PRIMARY	SECONDARY	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE							
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	SCL	FT	LSP	F	FTW
BODILY INJURY LIABILITY	41	46	BI EACH PERSON \$		OPTIONAL COMPREHENSIVE	42	46						
	42	47	BI EACH ACCIDENT \$		OPTIONAL SPECIFIED CAUSES OF LOSS	43	47						
	43	50			OPTIONAL COLLISION	42	46						
COMPULSORY PERSONAL INJURY PROTECTION	44		PER PERSON \$ DED \$		OPTIONAL TOWING & LABOR	43	47						
	46		YOURSELF YOURSELF AND FAMILY MEMBERS			42	46						
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	EACH ACCIDENT \$			43	47						
	42	48				42	46						
OPTIONAL MEDICAL PAYMENTS	42	46	EACH PERSON \$			43	47						
	43					42	46						
COMPULSORY UNINSURED MOTORIST	42	46	CSL BI EA PER \$			43							
	43		BI EACH ACCIDENT \$			45							
	45		PROPERTY DAMAGE \$			42	46						
UNDERINSURED MOTORIST	42	46	CSL BI EA PER \$			43							
	43		BI EACH ACCIDENT \$			45							
	45					42	46						
OPTIONAL BODILY INJURY TO OTHERS	41	46	CSL BI EA PER \$			42	47						
	42	47	BI EACH ACCIDENT \$			43	50						
	43	50	MOTORCYCLE GUEST OCCUPANT EXCLUSION										
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	NUMBER OF									
	NO		EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
OTHER													

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

REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE									
	61	62	63	64	67	62	63	64	67	68	69	70	71		
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YOURSELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
UNDERINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	COST OF HIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUP TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOLUNTEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARTNERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COVERED AUTO SYMBOLS							COVERAGES			SYMBOL			TRAILER INTERCHANGE		
(61) ANY AUTO							OPTIONAL COMPREHENSIVE			69			# TRAILERS		
(62) OWNED AUTOS ONLY							OPTIONAL SPECIFIED CAUSES OF LOSS			70			FARTH ZONE		
(63) OWNED PRIVATE PASS AUTOS ONLY							OPTIONAL COLLISION			70			# DAYS		
(64) OWNED COMMERCIAL AUTOS ONLY							OTHER			70			RADIUS		
(65) OWNED AUTOS SUBJECT TO NO-FAULT							COVERAGE IS:			PRIMARY			SECONDARY		
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW							OTHER			70			# VEH		
(67) SPECIFICALLY DESCRIBED AUTOS							OTHER			70			COVERABLE		
(68) HIRED AUTOS ONLY							OTHER			70			COVERABLE		
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT							OTHER			70			COVERABLE		
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT							OTHER			70			COVERABLE		
(71) NON-OWNED AUTOS ONLY							OTHER			70			COVERABLE		

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 (2006/05)		Page 3 of 3	

AGENCY CUSTOMER ID:



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE, LLC
NORTH ATTLEBORO 02760

CARRIER
COMMERCE

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE
7/3/2018

NAMED INSURED(S) HATCH LANDSCAPE AND
DESIGN INC

COVERAGES / LIMITS

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

DRIVER INFORMATION

ACORD 163 attached for additional drivers

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

DRIVER #	NAME (include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADWAY NO-FAULT	DOC	LINE VEH #	% USE
1	AMATO	M		2/13/1977		1994		MA					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		Y/N			
VEH #	NAME OF OTHER OWNER	N			
VEH #	NAME OF OTHER OWNER	N			
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		N			
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		Y			
4. ARE ANY VEHICLES LEASED TO OTHERS?		N			
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)		N			
VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		\$			\$
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)		N			
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		N			

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

8. ANY HOLD HARMLESS AGREEMENTS?	Y/N										
	N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N										
	N										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	Y										
	N										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N										
	N										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N										
	N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N										
	N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 64 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 65 mph through 79 mph.</small>	Y										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">DRV #</th> <th style="width:20%;">DATE (MM/DD/YYYY)</th> <th style="width:40%;">TYPE</th> <th style="width:20%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	Y										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	Y										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	Y										
	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____ INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____ INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION

AGENCY CUSTOMER ID: ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2015	MAKE: FORD MODEL: F350	BODY TYPE: PU V.I.N.: 1FT8W3BT8FEB66059	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS STREET (Required in KY)		CITY MEDWAY		COUNTY		STATE MA	ZIP
LIC STATE 737	TERR	GWN / GCW 12000	CLASS 21182	SIC	FACTOR	SEAT CP	RADIUS Local
USE PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> FARM <input checked="" type="checkbox"/> SERVICE <input checked="" type="checkbox"/>		FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/OTC COLL
DRIVE TO WORK / SCHOOL < 15 MILES		15 MILES +	NET VEH DRGR: MP=5000 UN=100/100 UND=100/100 Walv=Y	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC SPEC C OF L
TOTAL PREM: \$		\$ 42870		\$ 500		\$ 1000	
VEH # 2	YEAR 2014	MAKE: FORD MODEL: F350	BODY TYPE: DUMP V.I.N.: 1FDRF3H62EEB03412	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS STREET (Required in KY)		CITY UXBRIDGE		COUNTY		STATE MA	ZIP 01569 2246
LIC STATE 921	TERR	GWN / GCW 14000	CLASS 21182	SIC	FACTOR	SEAT CP	RADIUS Local
USE PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> FARM <input checked="" type="checkbox"/> SERVICE <input checked="" type="checkbox"/>		FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/OTC COLL
DRIVE TO WORK / SCHOOL < 15 MILES		15 MILES +	NET VEH DRGR: MP=5000 UN=100/100 UND=100/100 Walv=Y	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC SPEC C OF L
TOTAL PREM: \$		\$ 30390		\$ 500		\$ 1000	
VEH # 3	YEAR 2006	MAKE: FORD MODEL: F350	BODY TYPE: PU V.I.N.: 1FTWW31P06EB04733	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE 21	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS STREET (Required in KY)		CITY UXBRIDGE		COUNTY		STATE MA	ZIP 01569 2246
LIC STATE 921	TERR	GWN / GCW 12000	CLASS 21182	SIC	FACTOR	SEAT CP	RADIUS Local
USE PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> FARM <input checked="" type="checkbox"/> SERVICE <input checked="" type="checkbox"/>		FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/OTC COLL
DRIVE TO WORK / SCHOOL < 15 MILES		15 MILES +	NET VEH DRGR: MP=5000 UN=100/100 UND=100/100 Walv=Y	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC SPEC C OF L
TOTAL PREM: \$		\$ 36000		\$ 500		\$ 1000	
VEH # 4	YEAR 2006	MAKE: FORD MODEL: LGTCON	BODY TYPE: DUMP V.I.N.: 3FRWF75S16V232377	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS STREET (Required in KY)		CITY UXBRIDGE		COUNTY		STATE MA	ZIP 01569 2246
LIC STATE 921	TERR	GWN / GCW 26000	CLASS 31182	SIC	FACTOR	SEAT CP	RADIUS Local
USE PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> FARM <input checked="" type="checkbox"/> SERVICE <input checked="" type="checkbox"/>		FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/OTC COLL
DRIVE TO WORK / SCHOOL < 15 MILES		15 MILES +	NET VEH DRGR: MP=5000 UN=100/100 UND=100/100 Walv=Y	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC SPEC C OF L
TOTAL PREM: \$		\$ 35000		\$ 500		\$ 1000	

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, DC, FL, HI, MA, MN, NE, OH, OK, DR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID:

VEHICLE SCHEDULE

DATE (MMDD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE, LLC		CARRIER COMMERCE		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 7/3/2018	NAMED INSURED(S)		

VEHICLE DESCRIPTION

VEH # 5	YEAR 2016	MAKE: FORD	MODEL: F350	BODY TYPE: PU	V.I.N.: 1FTRF3B65GEA93832	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)			CITY UXBRIDGE		COUNTY	STATE MA	ZIP 01569					
LIC STATE 921	TERR	GWW / GCW 12000	CLASS 21182	SIC	FACTOR	SEAT CP	RADIUS Local	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
FARM		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	COLL	AA	ST AMT	COST NEW \$ 39845	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	MP=5000 UN=100/100 UND=100/100 Waiv=Y				TOTAL PREM:	\$ 500		\$ 1000	COLL
VEH # 6	YEAR 2016	MAKE: FORD	MODEL: F350	BODY TYPE: DUMP	V.I.N.: 1FDRF3H6XGEA94865	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)			CITY UXBRIDGE		COUNTY	STATE MA	ZIP 01569					
LIC STATE 921	TERR	GWW / GCW 14000	CLASS 21181	SIC	FACTOR	SEAT CP	RADIUS Local	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
FARM		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	COLL	AA	ST AMT	COST NEW \$ 32740	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	MP=5000 UN=100/100 UND=100/100 Waiv=Y				TOTAL PREM:	\$ 500		\$ 1000	COLL
VEH # 7	YEAR 2008	MAKE: LEXS	MODEL: GS350	BODY TYPE: SEDAN	V.I.N.: JTHCE96S380014996	VEHICLE TYPE	SYM / AGE 23	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)			CITY MILLIS		COUNTY	STATE MA	ZIP					
LIC STATE 738	TERR	GWW / GCW	CLASS 73910	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
FARM		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	COLL	AA	ST AMT	COST NEW \$ 46100	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	PR=Y MP=5000 UN=100/100 UND=100/100 Waiv=Y				TOTAL PREM:	\$ 500		\$ 1000	COLL
VEH # 8	YEAR 2013	MAKE: MACK	MODEL: 700	BODY TYPE: TRACT	V.I.N.: 1M1AX07Y9DM016952	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)			CITY UXBRIDGE		COUNTY	STATE MA	ZIP 01569					
LIC STATE 921	TERR	GWW / GCW 79000	CLASS 50182	SIC	FACTOR	SEAT CP	RADIUS Local	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
FARM		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	COLL	AA	ST AMT	COST NEW \$ 169891	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	MP=5000 UN=100/100 UND=100/100 Waiv=Y				TOTAL PREM:	\$ 500		\$ 1000	COLL
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)			CITY		COUNTY	STATE	ZIP					
LIC STATE	TERR	GWW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
FARM		RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC	COLL	AA	ST AMT	COST NEW \$	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:					TOTAL PREM:	\$		\$	COLL

ACORD 129 (2009/11)

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ACORDTM COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE
7/5/2018

PRODUCER PHONE
(A.C. No. Ext): **508 - 643 - 9500**
FAX
(A.C. No.): **508 - 643 - 9511**
SHANNON INSURANCE, LLC
420 SOUTH WASHINGTON STREET
NORTH ATTLEBORO MA 02760

APPLICANT
(First Named Insured)
HATCH LANDSCAPE AND DESIGN INC

FOR COMPANY USE ONLY

CODE: **1-WM1** SUB CODE:
AGENCY
CUSTOMER ID:

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)	MAR	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN TO FAMILY	DOC	USE VEH	% USE



AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
7/5/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	NAIC CODE
POLICY NUMBER [REDACTED]	EFFECTIVE DATE 7/3/2018	NAMED INSURED(S) HATCH LANDSCAPE AND DESIGN INC

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: M AND T BANK PO BOX 37258 BALTIMORE MD 21297	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 1 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):

INTEREST <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: CITIZENS BANK NA PO BOX 255587 SACRAMENTO CA 95865	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 2 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):

INTEREST <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: CIT BANK NA ONE CIT DRIVE LIVINGSTON NJ 07039	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 5 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):

INTEREST <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: NEEDHAM BANK 1063 GREAT PLAIN AVE NEEDHAM MA 02492	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 5 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):

INTEREST <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: NEEDHAM BANK 1063 GREAT PLAIN AVE NEEDHAM MA 02492	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 6 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):



AGENCY CUSTOMER ID:

ADDITIONAL INTEREST SCHEDULE

AGENCY SHANNON INSURANCE, LLC		CARRIER COMMERCE		DATE (MM/DD/YYYY) 7/5/2018
POLICY NUMBER [REDACTED]		EFFECTIVE DATE 7/3/2018	NAMED INSURED(S) HATCH LANDSCAPE AND DESIGN INC	
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ NEEDHAM BANK 1063 GREAT PLAIN AVE NEEDHAM MA 02492	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/> INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: 8 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
	REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____

REASON FOR INTEREST:	NAME AND ADDRESS RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
			LOCATION: _____ BUILDING: _____
			VEHICLE: _____ BOAT: _____
			AIRPORT: _____ AIRCRAFT: _____
			ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION: _____
	REFERENCE / LOAN #: _____	INTEREST END DATE: _____	
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____	
		E-MAIL ADDRESS: _____	FAX (A/C, No): _____

REASON FOR INTEREST:	NAME AND ADDRESS RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
			LOCATION: _____ BUILDING: _____
			VEHICLE: _____ BOAT: _____
			AIRPORT: _____ AIRCRAFT: _____
			ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION: _____
	REFERENCE / LOAN #: _____	INTEREST END DATE: _____	
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____	
		E-MAIL ADDRESS: _____	FAX (A/C, No): _____

REASON FOR INTEREST:	NAME AND ADDRESS RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
			LOCATION: _____ BUILDING: _____
			VEHICLE: _____ BOAT: _____
			AIRPORT: _____ AIRCRAFT: _____
			ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION: _____
	REFERENCE / LOAN #: _____	INTEREST END DATE: _____	
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____	
		E-MAIL ADDRESS: _____	FAX (A/C, No): _____

REASON FOR INTEREST:	NAME AND ADDRESS RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
			LOCATION: _____ BUILDING: _____
			VEHICLE: _____ BOAT: _____
			AIRPORT: _____ AIRCRAFT: _____
			ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION: _____
	REFERENCE / LOAN #: _____	INTEREST END DATE: _____	
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____	
		E-MAIL ADDRESS: _____	FAX (A/C, No): _____

Canty Deshaies, Marylynne

From: Canty Deshaies, Marylynne
Sent: Tuesday, July 10, 2018 7:50 AM
To: 'Paul Shannon'
Subject: Hatch Landscaping [REDACTED]

Paul

The above account was referred to underwriting for review.

We will require the following information and documents.

- File was cancelled for non-payment of premium by MAPFRE (April 2018) and also was cancelled by United Financial for underwriting reasons.
- Please forward a copy of the legal notice of cancellation that was issued by United Financial. We would like to review the notice and reason for cancellation.
- Please note your application did not note that there were cancellation notices for non-payment or underwriting reasons (Question 5 – General Information on application).
- Billing advised that the risk has a prior outstanding balance of \$8096 due for policy [REDACTED].
- Billing advised the new business was bound and issued as Finance company (FINCO).
- Full 100% of premium on the new business full 100% and outstanding is required and we do not see that this has been recorded.
- Please advise to why the owner is not listed. He was on the prior cross referenced file – as a driver.
- Please update our file with all drivers. We have one listed for a fleet of 8 vehicles.
- Please forward the lease between our insured and the owner of for the garaging address for the vehicles (Uxbridge address -27 River Road)
- File was cancelled for non-payment of premium by MAPFRE and also by United Financial for underwriting reasons. We will want to review a copy of the legal notice of cancellation that was issued by United Financial.

Based on the above conditions (outstanding money due and failure to pay 100% deposit) , MAPFRE is not able to continue on the account.

Please note your file that MAPFRE will be issuing a legal notice of cancellation.

Thank you.

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshaie@mapfreusa.com

08/27/2018 08:55

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

UGU3040

POLICY HISTORY SCREEN

FUNCTION: UPH MSG: END OF SET ENCOUNTERED-NO MORE RECORDS

PG 01

PH LIC #:

ST: TOTAL UNPAID: \$ 11001

FID #:

CORP: HATCH LANDSCAPE AND DESIGN INC

NAME L:

F:

M:

DOB:

MAIL ADDR: 217 RIVER RD

CITY: UXBRIDGE

ST: MA

ZIP: 01569-2246

BLDG/APT:

P	INS	CO	POLICY	POLICY	STATUS	STATUS	UNPAID
T	CODE	POLICY NUMBER	EFF DATE	EXP DATE	EFF DATE	CODE	PREMIUM
C	279		02/06/2017	02/06/2018	04/05/2017	EXPI	
C	279		02/06/2016	02/06/2017	02/06/2016	EXPI	
C	279		02/06/2015	02/06/2016	02/06/2015	EXPI	
C	279		02/06/2014	02/06/2015	02/06/2014	EXPI	
C	279		02/06/2018	02/06/2019	04/04/2018	CANC	8095 +
C	279		07/03/2018	07/03/2019	08/06/2018	CANC	2906 +
C	279		06/23/2013	06/23/2014	06/23/2013	EXPI	
C	279		06/23/2014	06/23/2015	10/29/2014	CANC	
C	902		04/05/2018	04/05/2019	06/23/2018	CANC	

0*-27-2018 08:55 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
POLICY AMEND SCREEN

FUNCTION: UPA MSG: INQUIRY COMPLETE

ACT CD: v B=BIND VER, C=CANCEL, R=REINS, U=AMEND UNPD, P=PH, V=VEH DISPLAY

POL TYP: C INS CO: 279 COMMERCE INSURANCE STATUS/DTE: ~~CANC / 04/04/2018~~ ✓

POL NUMBER: [REDACTED] POL EFF DATE: 02/06/2018 POL EXP DATE: 02/06/2019

CANCEL: EFFECTIVE DATE: 04/04/2018 REASON: NONP UNPAID PREM: 8095

REINSTATE: EFFECTIVE DATE: REASON: SOURCE:

CLEAR UNPD: REASON:

PH LIC #: ST: FID: [REDACTED]

NAME L: F: M: DOB:

CORP: HATCH LANDSCAPE AND DESIGN INC

MAIL ADDR: 217 RIVER RD CITY: UXBRIDGE ST: MA ZIP: 01569-2246
BLDG/APT:

08/27/2018 08:55

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
POLICY HISTORY SCREEN

FUNCTION: UPH MSG: END OF SET ENCOUNTERED-NO MORE RECORDS

PG 01

PH LIC #:

ST: TOTAL UNPAID: \$ 11001

FID #:

CORP: HATCH LANDSCAPE AND DESIGN INC

NAME L:

F:

M:

DOB:

MAIL ADDR: 217 RIVER RD

CITY: UXBRIDGE

ST: MA

ZIP: 01569-2246

BLDG/APT:

P	INS CO	POLICY	POLICY	STATUS	STATUS	UNPAID	
T	CODE	POLICY NUMBER	EFF DATE	EXP DATE	EFF DATE	CODE	PREMIUM
C	279		02/06/2017	02/06/2018	04/05/2017	EXPI	
C	279		02/06/2016	02/06/2017	02/06/2016	EXPI	
C	279		02/06/2015	02/06/2016	02/06/2015	EXPI	
C	279		02/06/2014	02/06/2015	02/06/2014	EXPI	
C	279		02/06/2018	02/06/2019	04/04/2018	CANC	8095 +
C	279		07/03/2018	07/03/2019	08/06/2018	CANC	2906 +
C	279		06/23/2013	06/23/2014	06/23/2013	EXPI	
C	279		06/23/2014	06/23/2015	10/29/2014	CANC	
C	902		04/05/2018	04/05/2019	06/23/2018	CANC	

still due

ATF



COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET P.O. BOX: <u>2018</u> NORTH ATTLEBORO MA 02760X/DOC. DATE: <u>8/10/18</u>		CARRIER COMMERCE NAIC CODE	
CONTACT NAME: _____ PHONE (A/C, No. Ext): 508 - 643 - 9500 FAX (A/C, No.): 508 - 643 - 9511 E-MAIL ADDRESS: _____ CODE: 1-WM1 SUBCODE: _____		COMPANY POLICY OR PROGRAM NAME BUSINESS AUTO PROGRAM CODE	
DOC. NAME/TITLE: <u>Application</u>		POLICY NUMBER: XXXXXXXXXX	
AGENCY CUSTOMER ID: _____		UNDERWRITER UNDERWRITER OFFICE	
STATUS OF TRANSACTION		QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 8/15/2018 01:59PM	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	<p>Per Billing 8/16/18 - yes Finco Status</p>
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
8/15/2018	8/15/2019	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) [REDACTED] RAYMOND BX 92 RAYNHAM MA 02767 0000		GL CODE SIC NAICS FEIN OR SOC SEC # R55316554442
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input checked="" type="checkbox"/> INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>		BUSINESS PHONE #: 508-294-8651 WEBSITE ADDRESS
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE SIC NAICS FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>		BUSINESS PHONE #: WEBSITE ADDRESS
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE SIC NAICS FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>		BUSINESS PHONE #: WEBSITE ADDRESS

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: ACCOUNTING

CONTACT TYPE: ACCOUNTING

CONTACT NAME:

CONTACT NAME:

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY PHONE # HOME BUS CELL

SECONDARY PHONE # HOME BUS CELL

PRIMARY E-MAIL ADDRESS:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	5 TITUCUT ST	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: MIDDLEBOROUGH	STATE: MA	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 02346			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
					1209
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY):
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

hauls cranberries

Not owned by Insd

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ REASON FOR INTEREST: _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____ FAX (A/C, No): _____
---	--	--

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				Y/N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) (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).				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. 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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR SETTLEMENT DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

CB Yes

*Cancelled with mapfre
- nonpay
Eff 1-3-18 - Agent was*

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*Cancelled with mapfre
- nonpay
Eff 1-3-18 - Agent was*

Shannon Insurance

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	TOTAL LOSSES: \$	SUBROGATION Y/N	CLAIM OPEN Y/N
		PRIV [REDACTED]						
		LOSS						

SIGNATURE

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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.

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, DC, FL, HI, IA, IL, IN, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)
8/16/2018

AGENCY: **SHANNON INSURANCE, LLC** APPLICANT (First Named Insured): **RAYMOND**

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	BI EACH PERSON \$ 20,000 BI EACH ACCIDENT \$ 40,000			
	5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	PER PERSON \$ 8,000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>			
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 \$ Included in CSL			
OPTIONAL MEDICAL PAYMENTS	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"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$:
COMPULSORY UNINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	OPTIONAL COMPREHENSIVE	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"/>	
	3 <input type="checkbox"/> 4 <input type="checkbox"/>	BI EACH ACCIDENT \$ 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"/>	
UNDERINSURED MOTORIST	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"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	OPTIONAL COLLISION	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"/>	
	3 <input type="checkbox"/> 4 <input type="checkbox"/>	BI EACH ACCIDENT \$			
OPTIONAL BODILY INJURY TO OTHERS	1 <input type="checkbox"/> 2 <input checked="" 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 checked="" type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 750,000 BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION <input type="checkbox"/>			
OPTIONAL HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC C OF L \$
OPTIONAL NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS			
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY	SECONDARY

REMARKS

TRUCKERS 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
BODILY INJURY LIABILITY	41	46	BI EACH PERSON \$		OPTIONAL COMPREHENSIVE	42	48					
	42	47	BI EACH ACCIDENT \$			43	47					
	43	50										
COMPULSORY PERSONAL INJURY PROTECTION	44		PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP		
	46		YOURSELF	YOURSELF AND FAMILY MEMBERS		43	47	F	FTW			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	EACH ACCIDENT \$		OPTIONAL COLLISION	42	46					
	42	46				43	47					
OPTIONAL MEDICAL PAYMENTS	42	46	EACH PERSON \$		OPTIONAL TOWING & LABOR	46						
	43											
COMPULSORY UNINSURED MOTORIST	42	46	CSL	BI EA PER \$								
	43		BI EACH ACCIDENT \$									
	45		PROPERTY DAMAGE \$									
UNDERINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	43		BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	45				OPTIONAL COMPREHENSIVE	48						
						49						
OPTIONAL BODILY INJURY TO OTHERS	41	48	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	48						
	42	47	BI EACH ACCIDENT \$			49						
	43	50	MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	48						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		49						
	NO		\$									
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		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
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

REMARKS

MOTOR CARRIER SECTION

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

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.

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 _____

AGENCY CUSTOMER ID: _____



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC NORTH ATTLEBORO 02760		CARRIER COMMERCE	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) [REDACTED] RAYMOND	

COVERAGES / LIMITS

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

DRIVER INFORMATION | ACORD 163 attached for additional drivers

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

DRIVER #	NAME (include address, if required)	SEX	DOB	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BRANDEN NO FAULT	DOC	USE VEH #	% USE
1	RAYMOND	M		12/2/1954		1992	[REDACTED]	MA					
<i>Licensed cancelled CDL Licenses cancelled per attached</i>													

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	Y/N												
<table border="1"> <tr> <th>VEH #</th> <th>NAME OF OTHER OWNER</th> <th>VEH #</th> <th>NAME OF OTHER OWNER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER					N				
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER										
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	N												
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	Y												
4. ARE ANY VEHICLES LEASED TO OTHERS?	N												
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (include customized vans / pickups)	N												
<table border="1"> <tr> <th>VEH #</th> <th>DESCRIPTION</th> <th>COST \$</th> <th>VEH #</th> <th>DESCRIPTION</th> <th>COST \$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$							N
VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$								
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)	N												
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N												

ACORD 127 (2010/05)

Attach to ACORD 125 © 1993-2010 ACORD CORPORATION. All rights reserved.

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GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES			Y/N
8. ANY 3-OLD HARMLESS AGREEMENTS?			N
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.			N
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</small> 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.			Y
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)
			# YRS REV
15. HAS AGENT INSPECTED VEHICLES?			Y
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?			N
DESCRIPTION OF GARAGE / STORAGE LOCATIONS		MAXIMUM DOLLAR VALUE SUBJECT TO LOSS	
		\$	

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		ACORD 45 attached for additional names	
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____	
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION

AGENCY CUSTOMER ID:

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: FRHT	MODEL: CONVEN	BODY TYPE: TRACT	V.I.N.: 1FUJDSEB1RH418543	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)			CITY	COUNTY	STATE	ZIP	02767					
LIC STATE	TERR	GWW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
235		50000	50334				Local		\$ 80000				
USE	PLEASURE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
	FARM	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP / OTC	FG	AA	ST AMT		\$ 1000
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRIVER	UN=20740									

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; In LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE _____ PRODUCER'S NAME (Please Print) _____ STATE PRODUCER LICENSE NO (Required in Florida) _____

APPLICANT'S SIGNATURE _____ DATE _____ NATIONAL PRODUCER NUMBER _____

AGENCY CUSTOMER ID:



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMML	FOR HIRE	CHECK COVERAGES	ADDL NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRGR:									COLL
TOTAL PREM: \$												

ACORD 129 (2009/11)

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ACORD <small>TM</small>		COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE			DATE 8/16/2018	
PRODUCER SHANNON INSURANCE, LLC 420 SOUTH WASHINGTON STREET NORTH ATTLEBORO MA 02760	PHONE (A/C, No. Ext):	508 - 643 - 9500		APPLICANT (First Named Insured) RAYMOND	FOR COMPANY USE ONLY	
	FAX (A/C, No.):	508 - 643 - 9511				
	CODE: 1-WM1	SUB CODE:				
AGENCY CUSTOMER ID:						

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)	MARK	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	Insured NO-Fault	DOC	USE VEN #	% USE

AGENCY CUSTOMER ID: _____



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
8/16/2018

AGENCY SHANNON INSURANCE, LLC	CARRIER COMMERCE	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 8/15/2018	NAMED INSURED(S) RAYMOND

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
					VEHICLE:	BOAT:	
					AIRPORT:	AIRCRAFT:	
					ITEM CLASS:	ITEM:	
					ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:			
			LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):		
			E-MAIL ADDRESS:				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
					VEHICLE:	BOAT:	
					AIRPORT:	AIRCRAFT:	
					ITEM CLASS:	ITEM:	
					ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:			
			LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):		
			E-MAIL ADDRESS:				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
					VEHICLE:	BOAT:	
					AIRPORT:	AIRCRAFT:	
					ITEM CLASS:	ITEM:	
					ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:			
			LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):		
			E-MAIL ADDRESS:				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
					VEHICLE:	BOAT:	
					AIRPORT:	AIRCRAFT:	
					ITEM CLASS:	ITEM:	
					ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:			
			LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):		
			E-MAIL ADDRESS:				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
					VEHICLE:	BOAT:	
					AIRPORT:	AIRCRAFT:	
					ITEM CLASS:	ITEM:	
					ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:			
			LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):		
			E-MAIL ADDRESS:				

ACORD 45 (2009/04)

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Canty Deshaies, Marylynne

From: Canty Deshaies, Marylynne
Sent: Monday, August 20, 2018 8:44 AM
To: 'Paul Shannon'
Subject: [REDACTED] Raymond

Paul

The new business for the above insured has been processed.

In our review we noted that the insured does not have an active or valid Mass driver's license or an active CDL License.

In addition, our review revealed a prior non-payment of cancellation on prior policy [REDACTED] - Cancelled January 3, 2018.

Insured also was cancelled under [REDACTED] - June 2015- but because no deposit – it cancelled flat for May date.

The application was not completed properly for this insured as it did not note this information under the General Information page – question 5-“any policy or coverage declined, cancelled or non-renewed ...” .

Due to the prior non-payment, a deposit of 100% should have been collected and submitted –Per CAR Rule 15.

Research also notes that the risk does not appear to be Mass domicile and does not meet the CAR Rule 2 –Principal Place of Business definition.

The risk addresses provided (5 Titicut Street , Middleborough and 142 Elm Street, Raynham –per FMSCA and prior file) are not owned by the insured per the Patriot Property databases. The prior file ([REDACTED]) shows that the insured moved to Florida by evidence of the address change submitted to Mapfre for processing . And per the review of the Florida assessors, insured does owns a home in Florida.

Today, a legal notice of cancellation produced for the reasons below:

- Named Insured does not have an active Massachusetts Driver's license
- Named Insured does not have an active CDL license
- Failure to pay 100% deposit for new business issuance –Per Car Rule 15.
- Failure to submit copy of the finance company agreement.
- Risk does not meet CAR Rule 2- Principal place of business

Please note your file of the above. If you have any questions please let us know.

Thank you.

Mamie Canty-Deshaies
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
11 Gore Road, Webster Ma. 01570
Phone. 508-949-4728 | Fax. 508-671-6728
Email. mcanty-deshaie@mapfreusa.com

MAPFRE | INSURANCE

PAPERLESS

08-7-2018 08:56

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

POLICY AMEND SCREEN

FUNCTION: UPA MSG: INQUIRY COMPLETE

ACT CD: I B=BIND VER, C=CANCEL, R=REINS, U=AMEND UNPD, P=PH, V=VEH DISPLAY

POL TYP: C INS CO: 279 COMMERCE INSURANCE STATUS/DTE: CANC / 01/03/2018

POL NUMBER: [REDACTED] POL EFF DATE: 09/04/2017 POL EXP DATE: 09/04/2018

CANCEL: EFFECTIVE DATE: 01/03/2018 REASON: NONP UNPAID PREM:

REINSTATE: EFFECTIVE DATE: REASON: SOURCE:

CLEAR UNPD: REASON:

PH LIC #: [REDACTED]

NAME L: RAYMOND

CORP:

F: [REDACTED]

ST: FL

M: E

FID:

DOB: 12/02/1954

MAIL ADDR: BX 92

CITY: RAYNHAM

ST: MA ZIP: 02767

BLDG/APT:

ATTACHMENT D

Attachment D

CAR Rule 14, Rules of Operation, Exclusive Representative Producer Requirements; Rule 14.B.1 j. states forward all premium payments to a Servicing Carrier within 2 business days of receipt. However, a Servicing Carrier shall extend the payment period for an additional seven days upon sufficient notice that all or part of a premium is being financed by a licensed finance company where the premium finance company has given its written assurance to pay the full premium finance directly to the Servicing Carrier. This provision shall not obligate a Servicing Carrier to provide such additional time if notwithstanding any written assurance the premium finance company as previous failed to perform its commitment.

Insured	Policy #	Effective Date	New Business or Endorsement	Violation
AA Enterprise Shipping LLC	██████████	07/01/18	New Business	Agent collected payment but did not submit to the company until 09/05/18 after the Collections department contacted agency. Received \$1500 as a Paid at Agency transaction.
Hatch Landscape & Design Inc	██████████	07/03/18	New Business	Agent did not collect deposit or made payment to company on the account. Company will take from Agency commissions.
██████████ Raymond	██████████	08/15/18	New Business	Insured advised our billing department that he provided agent with a \$1000 deposit for policy issuance. Insured advised that he did not sign Finance Company Agreement. Policy does not show receipt of deposit or payment by agent.

1045
 2017

SHIPPING LLC AA ENTERPRISE ACCOUNT BILLING HISTORY COMMERCE INS
 WMI MMC [REDACTED] MASS AUTO COMMERCIAL # of Cancellations 0
 Pol Eff Date 7/01/18 FULLPAY NEW BUSINESS # of Bad Checks
 SHANNON INSURANCE, LLC

Billing Totals as of 8/07/18

Actual Premium	3,346	Prior Year Balance	0
Payments and Bad Checks	.00	Adjustments/Transfers	.0
Installment Charges	00	Account Balance	3,346.0

===== FIN CO ===== FINANCE CHARGE === MEMO =====

Transaction/ Activity	Date Posted	Transaction Amount	Trns Ef/ Issue Dt	Minimum Amt Due	Account Balance	Due Date
01 EST PRM	07/07/18	30050.00	07/01/18		30050.00	
01 EST PRM	07/07/18	30050.00	07/07/18		.00	
01 NEW BS PRM	07/07/18	30050.00	07/01/18		30050.00	
01 CANCEL INF	07/10/18		07/10/18		30050.00	
01 PRM CHANGE	07/24/18	372.00	07/01/18		30422.00	
01 CANCEL CRDT	08/07/18	27076.00	08/06/18		3346.00	
01 FINAL BILL	08/07/18		08/08/18	3346.00	3346.00	09/01/18
REF TO COL	09/01/18	3346.00	09/01/18		00	
COLLECTNS	09/01/18	3346.00	09/01/18		3346.00	
PAID AT AG	09/05/18	1500.00	09/05/18		3346.00	

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 1e

AND HATCH LANDSCAPE ACCOUNT BILLING HISTORY COMMERCE INS
 WMI MMC ██████████ MASS AUTO COMMERCIAL # of Cancellations 01
 Pol Eff Date 7/03/18 FULLPAY NEW BUSINESS # of Bad Checks 0
 SHANNON INSURANCE, INC

Billing Totals as of 8/07/18

Actual Premium	3,402	Prior Year Balance	.00
Payments and Bad Checks	00	Adjustments/Transfers	00
Installment Charges	00	Account Balance	3,402.00

FIN CO ===== FINANCE CHARGE === MEMO

Transaction/ Activity	Date Posted	Transaction Amount	Trns Issue Dt	Ef/ Amt Due	Minimum Account Balance	Due Date
01 EST PRM	07/07/18	29923.00	07/03/18		29923.00	
01 EST PRM	07/07/18	29923.00-	07/07/18		.00	
01 NEW BS PRM	07/07/18	29923.00	07/03/18		29923.00	
01 CANCEL INF	07/10/18		07/10/18		29923.00	
01 PRM CHANGE	08/02/18	6712.00	07/03/18		36635.00	
01 CANCEL CRDT	08/07/18	33233.00-	08/06/18		3402.00	
01 FINAL BILL	08/07/18		08/08/18	3402 00	3402.00	09/03/18
REF TO COL	09/03/18	3402.00-	09/03/18		.00	
COLLECTNS	09/03/18	3402.00	09/03/18		3402.00	

RAYMOND DAVID ACCOUNT BILLING HISTORY COMMERCE INS
 WM1 MMC [REDACTED] MASS AUTO COMMERCIAL # of Cancellations 01
 Pol Eff Date 8/15/18 FULLPAY NEW BUSINESS # of Bad Checks 0
 SHANNON INSURANCE, LLC

Billing Totals as of 0/00/00

Estimated Premium	6,974	Prior Year Balance	00
Payments and Bad Checks	.00	Adjustments/Transfers	.00
Installment Charges	.00	Account Balance	00

===== FIN CO ===== FINANCE CHARGE === MEMO =====

Transaction/ Activity	Date Posted	Transaction Amount	Trns Ef/ Issue Dt	Minimum Amt Due	Account Balance	Due Date
EST PRM	08/17	6974.00	08/15/18		6974.00	
EST PRM	08/17	6974.00-	08/17/18		.00	
NEW BS PRM	08/17/18	6974.00	08/15/18		6974.00	
CANCEL INF	08/20/18		08/20/18		6974.00	

18
 08

ATTACHMENT E

June 5, 2018

Mr. Paul Shannon
Shannon Insurance Agency
429 South Washington Street
North Attleboro, Ma.

Dear Paul,

I am writing on behalf of The Commerce Insurance Company ("Commerce" or the "Company") to provide Shannon Insurance ("Shannon" or "You(r)") with an opportunity to avoid the termination of the Commercial Auto Limited Servicing Carrier Agreement ("Agreement"), dated December 30, 2011 between Shannon and Commerce Insurance Company.

There are ample grounds, which are set forth below, for the termination of the Agreement. Commerce will proceed with such termination unless Shannon Insurance brings its operations into compliance with all applicable Commonwealth Automobile Reinsurer ("CAR") Rules of Procedure, the terms of Agreement, and M.G.L. 175 § 113H. Attached are copies of the CAR Rules of Operation and the Commercial Automobile Limited Servicing Carrier Agreement for your reference.

The basis for the termination is Shannon's repeated failure to supply the company with a completed submission which should include a copy of the finance company agreement as required by CAR Rules of Operations 14B.1.d.

In the following, we have 10 policies where Commerce did not receive copies of the finance company agreement at all, or within the 2 day requirement as set forth by CAR Rule 14B.1.b. and d.

Policy Number	Named Insured	Policy Eff.	Date Rec'd
[REDACTED]	Twins 21 Inc	10/26/17	Did not receive
[REDACTED]	Trac Builders Inc	11/17/17	Did not receive
[REDACTED]	Chodesh Masse	12/06/17	Did not receive
[REDACTED]	CM Express LLC	12/01/17	Did not receive
[REDACTED]	Frontline Auto Exchange	12/27/17	02/14/18
[REDACTED]	EasyPro Go LLC	01/12/18	02/21/18
[REDACTED]	Joao Andrade	01/16/18	Did not receive
[REDACTED]	Yuriy Krynkukh	01/12/18	03/12/18
[REDACTED]	Bluebird Transportation	01/16/18	Did not receive
[REDACTED]	Jaworski Trucking Disposal	04/25/18	Did not receive

The foregoing activity violates CAR Rule 14B.1. b. and d, and Section I.b. of the Agreement. Consequently, Commerce may terminate the Agreement and your binding authority with 30 days' notice. See CAR Rules 13B.6. and Section VI. e. of the Agreement.

In the following, we have 8 vehicles where Commerce Insurance was stamped on a vehicle registration yet the company was not notified of the bound exposure within the required 2 business days, and in some cases not at all.

Named Insured	Policy Number	Policy Effective Date	Plate #	Date Stamped	Date Reported
Frontline Auto Exchange		12/27/17	T33249	01/16/18	Not Reported
Frontline Auto Exchange		12/27/17	T56265	02/08/18	Not Reported
Frontline Auto Exchange		12/27/17	T33254	03/20/18	04/30/18
Frontline Auto Exchange		12/27/17	T70755	03/20/18	04/30/18
Frontline Auto Exchange		12/27/17	T31241	01/16/18	Not Reported
Frontline Auto Exchange		12/27/17	T37166	01/19/18	Not Reported
Frontline Auto Exchange		12/27/17	T47934	01/20/18	Not Reported
Frontline Auto Exchange		12/27/17	T33267	01/16/18	Not Reported

The foregoing activity violates CAR Rule 14B.1 f. and Section I.b of the Agreement. Commerce trusts that Shannon Insurance will take the appropriate steps to fully comply with all of the Agreement. If Shannon submits untimely or incomplete applications and payments to Commerce with an application date of June 5, 2018 or later, Commerce will immediately move to terminate the agreement with the required 30 days' notice as provide in Rule 13B.6.

Please do not hesitate to contact me if you would like to discuss this matter or the Company's expectations for new business submissions. Commerce is sending this letter solely as a courtesy to Shannon Insurance Agency. Commerce reserves all rights and remedies under applicable laws, rules and regulations including the right to take action on any violation of CAR Rules or contractual breaches regardless of whether such conduct has been specifically addressed in this letter.

Sincerely,

John V. Kelly
 Executive Vice President, Northeast Region

Cc:

John D. Metcalf – Administrator of Residual Market Services, Commonwealth Automobile Reinsurers (CAR)

Sarah Clemens- Assistant Vice President, Commercial Lines, MAPFRE Insurance

Andrew Drayer- Assistant Vice President, Business Development- Northeast, MAPFRE Insurance

Michael Croteau- Director, Business Development- Northeast MAPFRE Insurance

Richard Murphy- Sr. Business Development Representative- Northeast MAPFRE Insurance

ATTACHMENT F

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

Scheduling of Review

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

Request for Continuance

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

Submission of Written Information

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

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

I waive the 15 business day review while retaining rights to a review: (Initial): _____

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

FOR COMPLETION BY CAR OFFICE – DO NOT WRITE BELOW

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

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A. Appointments

1. The Governing Committee shall appoint Members to serve as commercial Servicing Carriers, for a specified term, as authorized in the Plan and Rules of Operation, based on the responses to the Request for Proposal for Massachusetts Residual Market Commercial Automobile Business (RFP). The Governing Committee or its designee shall establish the RFP criteria.
 - a. A commercial Servicing Carrier may only enter into an agreement for the purpose of servicing its commercial ceded business, if the terms and conditions of that agreement have been fully disclosed in the response of that Member to the RFP.
 - b. A commercial Servicing Carrier, in addition to satisfying the requirements listed in Section A.3., shall be required to satisfy all criteria contained in the RFP, consistent with the Member's response to the RFP.
2. No domestic insurance company shall be denied participation in the RFP process to serve as a Servicing Carrier based solely upon its share of the Massachusetts Motor Vehicle Insurance market.
3. The Governing Committee in considering the appointment of a Member as a Servicing Carrier, shall require that the company has satisfied the Governing Committee that it, or another entity pursuant to its response to the RFP, has the ability to, and will effectively:
 - a. Provide policy issuance and premium collection services for all eligible classes of risks, except for those classes of risks specifically exempted by the Commissioner upon the request of the applicant.
 - b. Service insurance claims in every state, the District of Columbia and Canada.
 - c. Administer a direct bill program.
 - d. Provide an installment payment plan in accordance with the provisions of the Request for Proposal for Massachusetts Residual Market Commercial Automobile Business. A Servicing Carrier shall cooperate with its Exclusive Representative Producers

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(ERPs) to assure that policyholders are made aware of their option to utilize an installment payment plan.

- e. Maintain a Special Investigative Unit to investigate suspicious or questionable Motor Vehicle Insurance claims for the purpose of eliminating fraud, and to assist in the verification of garaging and policy facts on a representative sample of policies.
- f. Report all required information to CAR in an accurate and timely manner.
- g. Adopt and maintain a plan approved by the Commissioner providing for direct payment by the insurer to the insured under collision, limited collision, comprehensive, and fire and theft coverages.

B. Servicing Carrier Responsibilities

- 1. A Servicing Carrier that has contracted with a third party for performing any of its Servicing Carrier responsibilities guarantees the third party's performance.
- 2. A Servicing Carrier must provide quality service to CAR policyholders by maintaining the standards established as a condition of appointment under Section A.3.
- 3. A Servicing Carrier shall provide the same level of service to ceded policies as it provides to policies issued voluntarily.
- 4. Policies and other forms mailed to policyholders shall be those specifically referenced in CAR's Manual of Administrative Procedures.
- 5. General Duties

A Servicing Carrier shall perform the following general duties:

- a. Provide a contract signed by an authorized company representative with terms consistent with the Rules of Operation to a qualified newly appointed or reappointed ERP within 15 business days of the Servicing Carrier's receipt of the appointment by CAR. If the Servicing Carrier determines that the appointed or reappointed

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ERP is not duly qualified, the Servicing Carrier will notify CAR within two business days of that determination.

- b. Verify that information contained in the application for insurance is accurate as to classification, garaging, discounts, credits, vehicle use, vehicle description and experience for those risks eligible to be experience rated.
- c. Assure that a policy has been issued for each RMV-1 and/or RMV-3 certificate and that the policy effective date and the certification date are the same.
- d. Adopt procedures designed to assure that all assigned ERPs comply with all provisions of the contract between the Servicing Carrier and the producer.
- e. Implement procedures to assure collection of premiums billed.
- f. Comply with the terms and conditions of premium finance notes and/or agreements submitted to the Servicing Carrier, on behalf of applicants for insurance, by the producer or by a premium finance company licensed under the laws of the Commonwealth of Massachusetts.
- g. Maintain effective communication with ERPs by scheduling meetings when necessary and conducting educational or training sessions as may be necessary to assure that ERPs provide quality service to the motoring public.
- h. Verify, prior to contracting and on an ongoing basis, producer eligibility for appointment to a Servicing Carrier as required by G.L. c. 175, §113H.
- i. Provide ERPs with all information and procedures required for them to effectively service policies ceded to CAR.
- j. Comply with all of the provisions of the Plan and Rules of Operation and the Manual of Administrative Procedures.
- k. Maintain records of infractions of the Rules of Operation by ERPs and report such infractions as appropriate.

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- l. Provide ERPs with necessary information from the policy declaration page, in a usable format and medium, to support the servicing of their insureds.
 - m. Provide producers with a list of approved inspection services for conducting pre-inspections.
 - n. Provide ERPs with premium, production, and experience data on their business, at least quarterly.
 - o. On an annual basis, provide CAR with information relative to each ERP's affiliation status for commercial Motor Vehicle Insurance. Identify any contractual relationship or membership in a producer cluster or network that the ERP may have or whether the ERP has a direct or indirect material and continuing proprietary or management interest in another agency or brokerage firm having an ERP appointment to another Servicing Carrier. Include any new agency affiliations or changes in affiliated agency relationships.
 - p. Offer training on claim reporting and fraud recognition to producers and their customer service representatives.
 - q. On an annual basis, evaluate an ERP's book of business to assure that minimum commercial Motor Vehicle Insurance written premium volume requirements are met pursuant to the provisions of Rule 14.C.1. Provide a copy of the evaluation to the ERP and to CAR within 15 days of the evaluation date.
 - r. Terminate an ERP's contract to bind coverage in accordance with Section B.6.
6. Termination of ERP Contracts
- a. A Servicing Carrier may terminate an ERP's contract and authority to bind coverage upon failure of the ERP to meet the eligibility requirements and/or definition of ERP as provided by the Rules of Operation or upon failure of the ERP to fulfill any of the requirements of Rule 14.B.1.
 - (1) A Servicing Carrier shall have cause to immediately terminate an ERP's contract and the authority to bind coverage pursuant to the provisions of Rule 14.B.2.a.

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- (2) A Servicing Carrier shall have cause to terminate an ERP's contract and the authority to bind coverage with thirty days written notice of termination pursuant to the provisions of Rule 14.B.2.b.
- b. All ERP terminations issued by a Servicing Carrier, both immediate and 30 day terminations, shall:
 - (1) Be in writing.
 - (2) State the specific CAR Rule provision(s) that constitute the basis for the termination.
 - (3) Define changes in operational procedures, if any, that the Servicing Carrier intends to implement upon the ERP's receipt of the termination notice.
 - (4) Advise the ERP of the right to request that the termination be reviewed by CAR, pursuant to Rule 14.F. and include a copy of CAR's "Request for Review/Relief" form.
 - (5) Be hand delivered or mailed by a method that provides proof of mail to the ERP's principal place of business, with a copy of the termination notice sent concurrently to CAR and the Division of Insurance.
 - c. A Servicing Carrier shall initiate procedures in a timely manner to administer a controlled run off of the business from an ERP whose contract has been terminated.
 - d. When a termination notice is issued, the Servicing Carrier shall continue to service the ERP's in-force business until all of the policies have been legally cancelled or non-renewed. Such service includes additions, deletions and changes of vehicles and coverages on in-force policies.
 - e. A Servicing Carrier may commence issuance of non-renewal notices following termination of an ERP appointment provided that the termination has not been stayed or overturned in accordance with the provisions of Rule 14.F. and Rule 20.

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7. Reporting Requirements

All eligible coverages written by a Servicing Carrier must be reported to CAR in accordance with the following provisions:

- a. New Business – A Servicing Carrier must provide CAR written or electronic notice of eligible coverages bound within 23 calendar days of the effective date of the policy, otherwise CAR's obligation to provide reimbursement for losses shall commence on the date which CAR receives proper written or electronic notification of the eligible coverages bound.
- b. Renewals – A Servicing Carrier must provide CAR with a written or electronic notice of eligible coverages bound prior to the effective renewal date of the policy, otherwise CAR's obligation to provide reimbursement for losses shall commence on the date which CAR receives proper written or electronic notification of the eligible coverages bound.
- c. A Servicing Carrier may elect to cede 100% of the commercial new business of an ERP. If this option is selected, the Servicing Carrier must cede all eligible new business produced by the ERP, and CAR's obligation for reimbursement for losses will commence as of the new business policy's effective date, regardless of the date that the cession notice is received by CAR.

When an ERP is newly appointed to a Servicing Carrier by CAR, the Servicing Carrier may elect the 100% cede option as of the contract date provided that CAR is notified in writing by the Servicing Carrier of its intentions within 30 calendar days of the Servicing Carrier's receipt of the appointment. After the initial 30 calendar day period, the election by a Servicing Carrier to cede 100% of an ERP's new business must apply as of the first day of a month, which date must be no less than 30 calendar days later than the date that the notification is received by CAR. Servicing Carriers may change elections, and the same notification lead times to CAR apply.

Absent specific notice to CAR of the intention to cede 100% of an ERP's new business, all new business produced by an ERP will be ceded in accordance with Section B.7.a. Regardless of the Servicing Carrier's new business 100% cede election for a

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particular ERP, all renewal business from the ERP will be ceded in accordance with Section B.7.b.

- d. A Servicing Carrier must report written premiums, paid and outstanding losses, allowable expenses and any other information which may be required by the Plan and Rules of Operation, the Manual of Administrative Procedures and the Massachusetts Commercial Automobile Statistical Plan.

C. Exclusive Representative Producer Assignment Methodology

1. Servicing Carriers shall receive appointments of newly applying producers on a rotational basis.
2. CAR will perform quarterly reviews of the distribution of ceded commercial written premium and, if necessary, may perform a redistribution of residual market books of business to maintain equity among Servicing Carriers. Any such redistribution shall occur no sooner than 60 calendar days from the date of review. If a redistribution is performed, any subsequent redistribution shall not occur for at least 12 reporting months after the effective date of the previous redistribution.

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A. Appointments

1. New Appointments

A licensed producer who does not have a commercial Exclusive Representative Producer (ERP) appointment to one of the Member companies appointed as a Servicing Carrier, may apply for an appointment to represent a Servicing Carrier. The producer shall be subject to the eligibility criteria of Section A.4. If CAR determines the applicant has satisfied these criteria, the applicant will be appointed to a Servicing Carrier as an ERP. The Servicing Carrier shall provide service to such ERPs under substantially the same contractual terms and conditions governing its voluntary producer relationships.

An applicant applying as a consequence of a voluntary producer agreement being terminated because the applicant (1) intentionally withdraws from a voluntary agreement to write Motor Vehicle Insurance business on behalf of a Servicing Carrier, or (2) requests cancellation of a voluntary agreement for Motor Vehicle Insurance business, or (3) fails to fulfill any of the producer requirements specified in Section B.1. is ineligible for appointment to a Servicing Carrier as an ERP.

2. Affiliated Producers

- a. If a producer applying for appointment as an ERP is found to have a contractual relationship or membership in a so-called producer cluster or network, or a direct or indirect material and continuing proprietary or management interest in another agency or brokerage firm which also has an ERP appointment to a Servicing Carrier such producer is presumed to be an affiliate of the other agency or brokerage firm. A producer who applies for an ERP appointment and who is determined to have an affiliated relationship, will be appointed to the same Servicing Carrier as all members of the affiliated group. Existing ERPs identified as having an affiliated relationship will be appointed to the same Servicing Carrier as all members of the affiliated group.

The formation of an affiliated group for the sole purpose of placing commercial Motor Vehicle Insurance business is prohibited.

- b. A producer applying for an ERP appointment must identify any affiliated relationships that relate to commercial Motor Vehicle

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Insurance business at the point of application. An existing ERP must notify its Servicing Carrier and CAR of any new affiliated relationship, or change in affiliated status within 30 days of such change.

- c. Annually, upon request by a Servicing Carrier, an ERP must furnish updated information relative to its affiliated relationships or change in affiliated status for commercial Motor Vehicle Insurance business.
- d. The Servicing Carrier may terminate an ERP appointment for failure to provide the requested affiliated agency disclosure information. An ERP terminated under the provision of this section shall be provided 30 days written notice, and shall be ineligible for appointment to a Servicing Carrier for a period of two years commencing on the effective date of the termination. If the requested information is provided prior to the expiration of the 30 days, the ERP's appointment will be reinstated.
- e. An applicant or existing ERP aggrieved by CAR's determination of its affiliated status may appeal to the Governing Committee pursuant to Rule 20 and may present evidence to refute that determination. If successful, the applicant will be appointed to a Servicing Carrier pursuant to Rule 13.C.

3. Sale of Exclusive Representative Producer Business

If an ERP sells its stock or its book of business to a producer which does not have a Motor Vehicle Insurance relationship with a Servicing Carrier, such appointment will inure to the purchaser subject to the eligibility requirements in Section A.4. and production criteria in Section C. Any probationary status of the ERP appointment, resulting from failure of the ERP to maintain eligibility requirements or failure to develop and maintain the established minimum written premium volume requirement will carry over to the purchaser of the business.

If the sale does not result in the continuation of the appointment to the seller's Servicing Carrier, then that Servicing Carrier shall enter an agreement with the purchaser whereby all risks written by the Servicing Carrier on behalf of the seller, for policies with an effective date as of 90 days subsequent to the date of the sale for renewal business and as of the date of sale for new business, will

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be fully serviced through the purchaser until the policy expiration date of each risk, as noted on the declaration page of each policy in force as of these respective dates. "Servicing" shall include, but not be limited to, changing existing vehicles, adding additional insureds, adding named operators onto the existing policy, endorsing coverage limits, providing all notices required by law, processing claims and collecting premium. All other obligations of both Servicing Carrier and producer as set forth pursuant to the Plan and Rules of Operation shall remain in force during the term of this agreement.

4. Eligibility Requirements

Prior to any action being taken on an application for an ERP appointment, the producer must satisfy the following requirements:

- a. Complete a course of study, approved by the Commissioner of Insurance, which concentrates on the commercial Massachusetts Motor Vehicle Insurance system;
- b. Attain a passing grade on a written examination based on material covered in the approved course;
- c. Within the preceding 12 month period, work for a minimum of 6 months with a producer licensed by the Division of Insurance, or with a Member, during which time the applicant's efforts were primarily devoted to the Massachusetts Motor Vehicle Insurance market; and
- d. Has an existing commercial relationship with a Member other than a Servicing Carrier or can provide letter(s) of intent from insureds identifying commercial policies expected to be written as of the first year of appointment that would satisfy the production criteria pursuant to Section C.1. Continued eligibility is dependent upon compliance pursuant to the provisions of Section C.1.

Having satisfied the preceding criteria the applicant must conclusively show that such applicant:

- (1) is applying in good faith;
- (2) will operate from an established location in Massachusetts, except licensed nonresident producers in a state contiguous

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to Massachusetts if licensed pursuant to Massachusetts General Laws;

- (3) will maintain regular business hours;
- (4) has not been convicted of a crime related to his occupation as an insurance producer;
- (5) has not had his producer's license to engage as an insurance producer revoked or suspended;
- (6) has not materially or substantially breached a contract with a Member;
- (7) is not in default on the remittance of any Motor Vehicle Insurance premiums due a Member;
- (8) agrees to comply with the provisions of the Plan of Operation, the Rules of Operation, the Manual of Administrative Procedures, the contract between the ERP and the Servicing Carrier, and the applicable regulations of the Division of Insurance;
- (9) agrees to notify CAR and the appointed Servicing Carrier of an agreement to sell the agency 15 days in advance of the proposed closing of any such sale and further agrees to obtain a certification from the Servicing Carrier, which shall be provided to CAR, that the agency does not owe to the Servicing Carrier any past due premium based upon the latest available statement;
- (10) has not been declined an ERP appointment within the preceding 60 days, unless the declination was reversed by the Governing Committee, the Division of Insurance, or a court of competent jurisdiction;
- (11) has not had an ERP appointment terminated by a Servicing Carrier pursuant to Section E., within the preceding 24 months, unless the termination was reversed by the Governing Committee, the Division of Insurance or a court of competent jurisdiction.

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B. Ongoing Exclusive Representative Producer Requirements

1. It will be the ongoing responsibility of an ERP to fulfill the following requirements and maintain eligibility pursuant to Section A.4.
 - a. Maintain a valid producer's license as issued by the Division of Insurance.
 - b. Collect, process and remit premium due a Servicing Carrier in accordance with the provisions of the Rules of Operation.
 - c. Refrain from engaging in fraudulent activity in connection with the business of Motor Vehicle Insurance.
 - d. Submit for all applicants a new business application for insurance, completed in its entirety, and a signed premium finance application/agreement, if applicable within two business days;
 - e. Provide a reasonable and good faith effort to verify the information provided by the applicant, including rating and licensing data;
 - f. Report all coverage bound and all registrations certified to the Servicing Carrier within two business days after binding coverage or certifying a registration;
 - g. Verify that the applicant has not been in default in the payment of any Motor Vehicle Insurance premiums in the past 24 months;
 - h. Comply with written procedures supplied by the Servicing Carrier for processing claims, remitting premiums and requesting coverage;
 - i. Forward to the insured within 30 days of receipt from the Servicing Carrier, all policies and endorsements if not mailed directly by the Servicing Carrier to the policyholder;
 - j. Forward all premium payments to a Servicing Carrier within two business days of receipt. However, a Servicing Carrier shall extend the payment period for an additional seven days upon sufficient notice that all or part of a premium is being financed by a licensed premium finance company where the premium finance company has given its written assurance to pay the full premium financed directly to the Servicing Carrier. This provision shall not obligate

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- a. Servicing Carrier to provide such additional time if notwithstanding any written assurances the premium finance company has previously failed to perform its commitment;
- k. Notify the Servicing Carrier of any suspected fraud;
- l. Cooperate with the Servicing Carrier and CAR during all audits and investigations;
- m. Properly order endorsements;
- n. Order only those coverages from the Servicing Carrier that are requested by the insured and for which the insured is eligible;
- o. Quote proper premiums based on information provided by the applicants for the coverage desired;
- p. Conduct all monetary transactions with the insured and the Servicing Carrier as required by the Rules of Operation and the ERP contract;
- q. Notify the premium finance company and the insured that premium checks for all financed accounts are to be made payable to the Servicing Carrier;
- r. Retain the necessary documentation of Servicing Carrier transactions in accordance with the Manual of Administrative Procedures;
- s. Notify the applicant for insurance that he has the option of utilizing an Installment Payment Plan;
- t. Comply with appropriate notification procedures relative to the transfer of Motor Vehicle Insurance coverage to another Member;
- u. Develop and maintain a book of business pursuant to Section C.;
- v. Adhere to any directive issued by the Commissioner relative to the charging of service fees.
- w. Provide the Servicing Carrier and CAR with affiliated agency disclosure information pursuant to Sections A.2.b. and c.

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- x. Comply with all of the conditions set forth in the contract between the ERP and the Servicing Carrier.
- y. Comply with all of the provisions of the Rules of Operation and the Manual of Administrative Procedures.

2. Grounds for Termination

a. Immediate Termination

The following shall be cause for a Servicing Carrier to immediately terminate an ERP's contract and the authority to bind coverage on behalf of a Servicing Carrier.

- (1) Failure to maintain a valid producer's license as issued by the Division of Insurance.
- (2) Willful misappropriation of premium due a Servicing Carrier in accordance with the provisions of the Rules of Operation.
- (3) The entry of a finding, by a court of competent jurisdiction that the producer has engaged in fraudulent activity in connection with the business of Motor Vehicle Insurance.

b. Termination with a 30-Day Notice

Failure to fulfill the requirements in Sections B.1.d. through B.1.y. shall be cause for a Servicing Carrier to terminate an ERP's contract and the authority to bind coverage with 30 days written notice of termination.

- 3. An ERP terminated pursuant to Section B.2. shall have its MAIP Assigned Risk Producer certification revoked commencing on the effective date of the termination in accordance with Rule 31.D.3.

C. Production Criteria

- 1. An ERP who fails to develop and maintain the following minimum commercial Motor Vehicle Insurance written premium volume requirements will be terminated. Total written premium includes all agency commercial Motor Vehicle Insurance written premium, voluntary and ceded combined.

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Months after Appointment	Minimum Volume Requirement (Total Written Premium)
12	\$10,000
24	\$20,000
36	\$30,000
Subsequent Evaluations	\$30,000

An ERP's book of business will be evaluated on an annual basis by the Servicing Carrier with a copy of the evaluation provided to the ERP and to CAR within 15 days of the evaluation date.

The effective date of termination shall be one year after the evaluation date on which the ERP failed to develop or maintain the applicable minimum book of business. If, during that year, the ERP obtains and maintains the applicable minimum book of business, the termination process shall be suspended but the ERP shall continue to be subject to annual evaluations.

2. An ERP terminated under the provisions of Section C. shall be ineligible for appointment to a Servicing Carrier for a period of two years commencing on the effective date of the termination.

The term ERP, for purposes of this paragraph, includes any licensed producer and any other newly emerging producer with whom or which the terminated ERP has a direct or indirect material and continuing proprietary or management interest.

D. Service Fees

1. G.L. c. 175, §182, in part, prohibits producers and others in connection with the placing or negotiation of insurance policies or the continuance or renewal thereof from selling or offering to sell anything of value whatsoever not specified in the policy of insurance. See also G.L. c. 176D, §3(8). The following acts and practices are prohibited:
 - a. Charging a fee in addition to the premium for certifying a registration on behalf of a Servicing Carrier;
 - b. Charging a fee in addition to the premium for acting as a producer and placing the applicant's Motor Vehicle Insurance business with a Servicing Carrier;

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- c. Charging a fee in addition to the premium for providing assistance to the insured in the completion of forms which are completed in order for the insured to procure or to continue Motor Vehicle Insurance; and
 - d. Charging a fee in addition to the premium for the sale of a service contract which provides for service or advice relating to the issuance, continuance, or renewal of an insured's Motor Vehicle Insurance policy.
 2. Nothing set forth in the provisions of Section D.1. is intended to prohibit producers from charging courier fees and other non-insurance related fees if the following requirements are met;
 - a. The producer provides to the applicant a complete description of the non-insurance related services for which the fee, in addition to the premium rate, is being charged;
 - b. The producer advises the applicant that there is no obligation to purchase the non-insurance related service and that the insured may obtain Motor Vehicle Insurance through the producer, notwithstanding the insured's decision not to purchase the non-insurance related services;
 - c. The applicant, after having been apprised of the information set forth in Sections D.2.a. and D.2.b., agrees to pay the fee; and
 - d. The fee for the services provided is reasonable.
 3. The producer may enter into a contract with the applicant pursuant to which the producer provides non-insurance related services to the applicant if the producer complies with all of the requirements of Sections D.1. and D.2. In the event the producer and applicant execute such a service contract, the producer shall give the applicant an executed copy of the contract and shall retain an executed copy in his file which shall be made available to the Servicing Carrier, Division of Insurance and CAR upon request.

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E. Appointment Ineligibility

1. An ERP that has had an appointment terminated by a Servicing Carrier for failing to satisfy any of the requirements specified in Section B.1. or for failing to maintain eligibility pursuant to Section A.4. shall be ineligible for reappointment for a period of two years commencing on the effective date of the termination.

A licensed property and casualty producer whose appointment has been terminated by a Member as a consequence of failing to satisfy any of the requirements of Section B.1. or failing to maintain eligibility pursuant to Section A.4. will be ineligible for appointment as an ERP for a period of two years commencing on the effective date of the termination.

2. If the certification of a MAIP Assigned Risk Producer has been revoked by CAR for violations of any obligation(s) delineated in Rule 31 and having exhausted the appeal rights pursuant to Rule 40, the producer is ineligible for the appointment or continuation of its ERP appointment. The producer shall be ineligible to reapply for appointment as an Exclusive Representative Producer until such time as the producer is eligible to reapply for certification as an Assigned Risk Producer.
3. An ERP terminated for failure to meet minimum production criteria pursuant to Section C. shall be ineligible for appointment to represent a Servicing Carrier as an ERP for a period of two years commencing on the effective date of the termination.
4. The term ERP, for purposes of Section E., includes any licensed producer and any other newly emerging producer with whom or which the terminated ERP has a direct or indirect material and continuing proprietary or management interest.

F. Review/Relief of ERP Termination

A terminated ERP may request that the termination be reviewed by CAR.

A completed "Request for Review/Relief" form must be received by CAR within 30 calendar days of the delivery of the termination notice. A review by CAR's Market Review Committee will be held within 15 business days of the date of CAR's receipt of the completed "Request for Review/Relief" form unless such requirement is waived by the

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aggrieved ERP. The receipt by CAR of such form will stay the ERP's termination until the ERP has exhausted all appeal rights pursuant to Rule 20. However, any reviewing committee may lift the stay if such stay is not in the best interests of the motoring public.

During the period of stay, operational procedures identified by the Servicing Carrier in the termination letter will remain in effect until reviewed by the Market Review Committee. The Market Review Committee may approve, modify or disapprove the operational procedures.

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A. Servicing Carrier Terminations

1. Voluntary Terminations

A company may petition the Governing Committee requesting termination as a commercial Servicing Carrier. The Servicing Carrier shall be required to provide advance notice in writing to the Governing Committee. Such notice shall be sent to the Chairman of the Governing Committee in care of CAR's President. The President of CAR shall confirm in writing to the sender the receipt of the notice of termination as a Servicing Carrier.

The advance notice of termination shall specify a date, no sooner than 12 months from the date notice is received by CAR or such earlier time as the parties shall mutually agree, when the terminating Servicing Carrier will cease accepting new applications.

The terminating Servicing Carrier will, in its notice of termination, affirm its commitment to continue to provide service as required by the Plan and Rules of Operation, and the Manual of Administrative Procedures, on all existing policies and those policies written in the notice period until the expiration following the effective date of termination, unless the parties shall have mutually agreed to other arrangements for the servicing of such policies.

2. Terminations by CAR

An appointment as a Servicing Carrier for commercial Motor Vehicle Insurance business will be for the time period specified in the letter of appointment, and will automatically terminate on the date specified in the original appointment, unless extended or sooner terminated by the Governing Committee.

In the event that it becomes necessary for the Governing Committee to terminate a Member as a Servicing Carrier, such notice shall be given in writing by the Chairman of the Governing Committee to the Chief Executive Officer of the Servicing Carrier. Such notice shall specify a date no sooner than 12 months from the date of the notice or such earlier time as the parties may mutually agree, at which time the Servicing Carrier will no longer be authorized to accept new business on behalf of CAR. The notice to the terminating Servicing Carrier will further state that the Servicing Carrier will be expected, in good faith, to the best of its ability to continue to provide service on existing

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policies as required under the Plan and Rules of Operation and the Manual of Administrative Procedures until the expiration date following the effective date of the termination notice unless the parties shall have mutually agreed to other arrangements for the service of such policies.

The Governing Committee shall determine whether there will be an equitable distribution of the terminated Servicing Carrier's commercial business among the remaining Servicing Carriers, or if it will be necessary to select a new Servicing Carrier through the Request for Proposal for Massachusetts Residual Market Commercial Automobile Business process, pursuant to the provisions of Rule 13.A.

In the event any Servicing Carrier experiences unanticipated or unusual operational difficulties that would impair its ability to continue to meet the established Servicing Carrier commercial performance standards, the Governing Committee, subject to the approval of the Commissioner, may take such action as it may deem appropriate to alleviate the difficulties. Such actions by the Governing Committee shall be taken when it is evident the interest of the motoring public and the industry would be better served.

Nothing in this Section shall in any manner be deemed to act to modify or reduce a Servicing Carrier's responsibilities or obligations under the Plan and Rules of Operation or the Manual of Administrative Procedures.

3. Terminations by the Commissioner

The Commissioner may terminate any Servicing Carrier which he determines to have violated the standards established for Servicing Carriers in these Rules, or the Plan, or if he finds that the operation or financial stability of such Servicing Carrier presents a danger to the interests of policyholders or the continued operation of CAR or will create substantial market disruption.

4. Commissioner Approval of Servicing Carrier Terminations

No termination of a Servicing Carrier will become effective until approved by the Commissioner. In granting approval, the Commissioner will consider the impact of such termination on policyholders, producers, and the commercial Motor Vehicle Insurance market.

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B. Producer Terminations

1. Voluntary Terminations

A producer requesting termination as an Exclusive Representative Producer (ERP) of a Servicing Carrier shall be required to provide 30 days advance written notice to the Servicing Carrier and CAR.

The terminating ERP shall return all Servicing Carrier forms, manuals and certification stamp(s), as well as all materials supplied by a Servicing Carrier at such time as the termination becomes effective.

2. Producer Terminations by a Servicing Carrier

Termination of an ERP shall be governed by Rules 13 and 14.

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A. Requesting a Review

Any Member or licensed producer aggrieved by any unfair, unreasonable, or improper practice of CAR or another Member with respect to the operation of CAR may request a formal review and ruling by the Governing Committee on the alleged practice. The request for review must be made within 30 days after the date such person knew of the alleged practice. Any written material which either party wishes to have considered in connection with the deliberations of the matter should be forwarded to CAR at least five business days prior to the date scheduled for the review.

The review shall be held within 15 business days after the receipt of the original request, unless such requirement is waived by the aggrieved party. Except as may be otherwise provided by the Governing Committee, the review shall be held by a Governing Committee Review Panel consisting of three Governing Committee members entitled to vote. The decision of this Panel or any committee sitting at the request of or under the authority of the Governing Committee shall be rendered within 15 business days of the review. The ruling of the majority of the Panel shall be deemed to be the formal ruling of the Governing Committee.

B. Appealing a Ruling

Any formal Governing Committee ruling may be appealed to the Commissioner by filing a notice of appeal with CAR and the Commissioner within 30 days after the date of the ruling's issuance. The ruling of the Governing Committee shall remain in full effect unless otherwise directed by the Commissioner. The Commissioner may approve, modify, amend or disapprove the ruling or direct the Governing Committee to reconsider the ruling. In addition, the Commissioner may issue any other appropriate order, including granting the aggrieved party a new review.

AMENDMENT TO COMPANY/AGENCY AGREEMENTS

ALL EXISTING AGREEMENTS CURRENTLY IN EFFECT BETWEEN THE COMMERCE AND CITATION INSURANCE COMPANIES AND PAUL F. SHANNON, JR. DBA THE SHANNON INSURANCE AGENCY ARE HEREBY AMENDED TO REFLECT THAT PAUL F. SHANNON, JR. DBA THE SHANNON INSURANCE AGENCY HAS CHANGED ITS NAME TO SHANNON INSURANCE, LLC EFFECTIVE DECEMBER 30, 2011. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

THE COMMERCE INSURANCE COMPANY
AND CITATION INSURANCE COMPANY

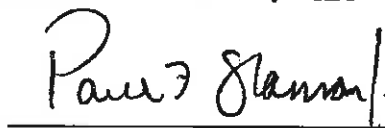
BY:


Patrick McDonald

TITLE: SR. V.P. MARKETING

SHANNON INSURANCE, LLC

BY:


Paul F. Shannon

TITLE:


owner

**Commercial Automobile
Limited Servicing
Carrier Agreement**



THE COMMERCE INSURANCE COMPANY (hereinafter called "Servicing Carrier") and PAUL F. SHANNON, JR. DBA THE SHANNON INSURANCE AGENCY HEREINAFTER CALLED "PRODUCER" mutually agree as follows:

I. AUTHORITY AND RESPONSIBILITY OF PRODUCER

Producer is an independent contractor, and not the employee of Servicing Carrier, and shall have exclusive and independent responsibility for the conduct of the business. Producer is a broker for commercial motor vehicle insurance written under this Limited Servicing Carrier Agreement. Subject to requirements imposed by law or regulation and the terms of this Agreement, Producer is authorized to:

a. Solicit, bind, execute, and deliver commercial motor vehicle insurance policies on behalf of Servicing Carrier. This authority is limited to those kinds of motor vehicle insurance for which Servicing Carrier and Producer are licensed, which appear on the Schedule of Binding Authority attached to this Agreement, and for which a commission is specified in the Schedule of Commission Rates attached to this Agreement. Authority is also limited to those kinds of motor vehicle insurance for which Producer has been appointed by Commonwealth Automobile Reinsurers (hereinafter called "CAR") to represent Servicing Carrier and is subject to the underwriting rules, manuals, guidelines, bulletins, and instructions of Servicing Carrier, the CAR Rules of Operation, CAR Plan of Operation, CAR Manual of Administrative Procedures, and CAR bulletins and instructions. Servicing Carrier underwriting rules, manuals, guidelines, bulletins, or instructions may be changed at any time at the sole discretion of Servicing Carrier.

b. Producer shall submit to Servicing Carrier within two (2) business days of the effective date of coverage a complete report of each application, binder, policy, endorsement, or certificate executed.

c. Subject to legal requirements and policy provisions, Servicing Carrier shall give written notice of cancellation or nonrenewal to the policyholder at Producer's request. Nothing in this Agreement shall interfere with Servicing Carrier's right, as permitted by law and any applicable provisions contained in the policy, to cancel or nonrenew any policy at any time, but in such event, Producer shall be given notice of Servicing Carrier's action.

d. Producer shall maintain a complete and accurate record of all transactions with Servicing Carrier. All records of Producer in Producer's possession or control, or in the possession or control of any other person, relating to the business covered by this Agreement, shall be subject to immediate inspection at any reasonable time by a Servicing Carrier representative.

e. In the preparation of statistical data pertaining to Producer's underwriting results, Servicing Carrier will include credit for subrogation and salvage recoveries.

f. All policies, powers of attorney, Servicing Carrier certification stamps, forms, unused applications, and other Servicing Carrier supplies furnished to Producer by Servicing Carrier shall always remain the property of Servicing Carrier, shall not be duplicated by Producer, and shall be returned to Servicing Carrier or its representatives immediately upon demand.

g. Producer shall act as a fiduciary for Servicing Carrier with respect to all premiums and other payments collected or received by Producer relating to the business covered by this Agreement, shall hold the same in trust for Servicing Carrier, and shall pay such premiums to Servicing Carrier as provided in this Agreement. In the event that Producer fails to pay such premiums to Servicing Carrier as provided in this Agreement, in addition to all other rights and remedies available to Servicing Carrier, Servicing Carrier reserves the right to rescind and revoke Producer's authority to collect or receive premiums relating to the business covered by this Agreement.

h. Producer shall exercise due care and diligence in submitting information to Servicing Carrier, and warrants that, to the best of his or her knowledge, the information shall be accurate and complete.

i. Producer shall immediately report to Servicing Carrier all claims and losses reported to Producer and turn over to Servicing Carrier all legal process received by Producer involving coverage placed with Servicing Carrier.

j. Producer has no authority to admit liability on the part of Servicing Carrier in any manner.

II. COMMISSIONS

a. As full compensation for services, Producer shall be entitled to commissions on premiums earned and paid to Servicing Carrier at the commission rates indicated in the Schedule of Commission Rates issued by Servicing Carrier.

b. During the term of this Agreement or after its termination Producer shall promptly refund or return all unearned commissions to Servicing Carrier at the rate at which they were allowed to Producer.

c. Servicing Carrier may change any rate of commission set forth in the Schedule of Commission Rates upon not less than one hundred eighty (180) days advance written notice to Producer. Servicing Carrier may change any rate of commission and the one hundred eighty (180) day notice provision is waived if there is a change in the commission rates payable for Massachusetts commercial automobile policies ceded to CAR, in which event Servicing Carrier shall establish commission rates as soon as practicable after CAR changes the commission rates.

d. Nothing in this Agreement shall be construed to prohibit negotiated commission rates on individual risks or policies.

III. PREMIUM ACCOUNTING - SERVICING CARRIER BILLED BUSINESS

In addition to the other applicable provisions of this Agreement, the following applies with respect to all policies placed, by mutual agreement between Producer and Servicing Carrier, in Servicing Carrier's direct billed programs, as amended from time to time by Servicing Carrier at its sole discretion:

a. Unless otherwise specified by Servicing Carrier in writing, any application or policy submitted to Servicing Carrier must be accompanied by the required deposit premium in full without any deduction for commission.

b. Net commissions on Servicing Carrier billed policies are payable by Servicing Carrier to Producer within thirty (30) days after the end of the month in which the policy or premium transaction is received and recorded on Servicing Carrier's books.

c. Producer shall be identified on all policies, premium notices, renewal certificates or questionnaires and cancellation notices.

d. Premiums paid to Producer on Servicing Carrier billed policies shall be remitted to Servicing Carrier within two (2) business days of receipt without any deduction for commission.

IV. PREMIUM ACCOUNTING - AGENCY BILLED BUSINESS

a. Producer is responsible for collecting and remitting to Servicing Carrier all premiums, whether new, renewal, installment, or other, on business placed with Servicing Carrier other than Servicing Carrier Billed Business, except:

(1) Servicing Carrier will undertake direct collection and Producer shall not be responsible for the collection of additional premiums developed by audit, provided that: (1) Producer notifies Servicing Carrier in writing within sixty (60) days of receipt

of the audit invoice that the audit premium cannot be collected, (2) a deposit premium based on the prior policy or prior fiscal year payroll has been paid to Servicing Carrier, (3) an invoice has been presented to the insured for payment, and (4) an additional written demand for payment has been made within the sixty (60) day period. Producer shall not be entitled to any commission on additional premium collected by Servicing Carrier.

b. A monthly statement of written premiums shall be rendered by Servicing Carrier or by Producer according to mutual agreement, and shall be submitted to the other not later than ten (10) days following the last day of the month for which the statement is prepared.

c. The monies due under monthly statements shall be paid not later than fifty (50) days following the last day of the month for which the statement is prepared.

d. Omission of any item from a monthly statement shall not relieve either party of the responsibility to account for and pay all amounts due, nor shall it prejudice the right of either party to collect any such amounts due.

e. If Producer fails to collect any premiums in accordance with the terms of this Agreement, Servicing Carrier shall have the right to collect such premiums in any manner Servicing Carrier deems appropriate, and Producer shall not be relieved of liability to pay Servicing Carrier all other premiums. No commission shall be paid to Producer on any such premiums so collected.

V. AMENDMENT OF THE AGREEMENT

This Agreement may be amended at any time by mutual written agreement of Producer and Servicing Carrier in accordance with the terms and conditions to which they have agreed. Servicing Carrier may amend this Agreement upon not less than one hundred eighty (180) days notice to Producer, unless otherwise provided for herein.

VI. TERMINATION

Subject to requirements imposed by law, this Agreement shall terminate:

a. Immediately without notice to Producer if any public authority cancels, revokes, suspends, or declines to renew Producer's license.

b. Immediately upon written notice to Producer in the event of abandonment, fraud, or gross or willful misconduct on the part of Producer.

c. Immediately without notice to Producer upon the effective date of the sale, merger, consolidation, or

transfer of all or greater than 50% ownership of Producer's insurance agency or its interest in the expirations of business placed with Servicing Carrier, unless CAR has assigned the successor business entity to Servicing Carrier.

d. By mutual written agreement of Producer and Servicing Carrier in accordance with the terms and conditions to which they have agreed.

e. By Servicing Carrier, upon written notice to Producer, for any reason permitted by or stated in CAR Rules of Operation, in accordance with the terms of such Rules of Operation.

In the event of termination of this Agreement, Producer's authority to solicit, accept, issue, or bind policies or to increase Servicing Carrier's liability, exposure, or risk shall cease as of the effective date of the termination. In such event, policies in force may continue in force to expiration. However, Servicing Carrier reserves the right to terminate any policy at any time for underwriting reasons, or for non-payment of premiums, subject to compliance with legal requirements and policy provisions. Producer shall retain the authority to service the business and effect routine changes in policies which do not extend expiration dates, or increase Servicing Carrier's liability, exposure or risk. Producer may issue such other endorsements as authorized by Servicing Carrier in writing.

VII. SUSPENSION

In addition to the termination rights set forth in Section VI, if Producer fails to promptly account for or pay any monies due to Servicing Carrier, materially breaches this Agreement, or breaches its fiduciary duty to Servicing Carrier, Servicing Carrier reserves the right, in addition to all other rights and remedies permitted under this Agreement or by law or regulation, and upon written notice to Designated Agency, to suspend Producer's authority to bind or write any new or renewal business, to change any policy, or to endorse any policy to increase Servicing Carrier liability, exposure, or risk during the period of such suspension.

The extent and duration of such suspension shall be at Servicing Carrier's sole discretion. Producer will not be suspended solely because of routine differences in the accounting records of Producer and Servicing Carrier that are minor in amount, unless such differences involve the withholding or conversion of premiums collected by Producer.

VIII. OWNERSHIP OF EXPIRATIONS

a. Producer's records and control of expirations, including Servicing Carrier billed business, shall be the property of Producer and left in its undisputed possession, provided Producer has paid and continues to pay on a timely basis all monies due to Servicing Carrier.

b. Should Producer fail to promptly account for or pay monies due to Servicing Carrier, the records, use, and control of all expirations on business placed with Servicing Carrier shall immediately vest in and become the property of Servicing Carrier with right of sale. Servicing Carrier may, at its sole discretion, sell at private or public sale such records and expirations, and if Servicing Carrier does not realize sufficient monies to discharge Producer's indebtedness to Servicing Carrier, including accumulated interest, Producer shall remain liable for the balance of the amount owed, and such excess shall be payable by Producer upon demand by Servicing Carrier. Any amount realized by Servicing Carrier in excess of Producer's indebtedness, after deduction of the expenses of selling the records and expirations, shall be returned to Producer, without interest.

IX. INDEMNIFICATION

a. Servicing Carrier shall indemnify and hold harmless Producer from and against any claims or liabilities, including reasonable attorneys' fees and costs, caused by or resulting from any of the following, except to the extent that Producer, by Producer's own acts or omissions, has caused such error or failure:

1. Error or omission of Servicing Carrier in the processing or handling of policies;
2. Failure of Servicing Carrier to comply with the requirements of the Fair Credit Reporting Act or federal or state privacy laws.

Producer shall promptly notify Servicing Carrier when it receives notice of a claim or commencement of any action relating to such claim or alleged liability, and Servicing Carrier shall be entitled to, at its option, participate in such action, or to assume and exclusively direct the defense of such action. If Servicing Carrier assumes the defense of any such action, it shall not be liable to Producer for any legal or other expenses subsequently incurred by Producer in connection with such action.

b. Producer shall indemnify and hold harmless Servicing Carrier from and against any claims or liabilities, including reasonable attorneys' fees and costs, caused by or resulting from any of the following, except to the extent that Servicing Carrier, by its own acts or omissions, has caused such error or failure:

1. Error or omission of Producer in the processing or handling of policies;
2. Failure of Producer to comply with the requirements of the Fair Credit Reporting Act or federal or state privacy laws;

3. Any other action or inaction of Producer, including without limitation, improper use of forms supplied by Servicing Carrier or failure to follow written instructions or procedures issued by Servicing Carrier.

X. WAIVER

Neither party shall be deemed to have waived any right hereunder unless such waiver is in writing. No delay or omission on the part of either party in exercising any right shall operate as a waiver of such right or any other right. A waiver on any one occasion shall not be construed as a bar to or waiver of any right on any future occasion.

XI. AUTOMATIC COMPLIANCE

To the extent that any provision of this Agreement is or may become in conflict with any applicable law or regulation or is held to be illegal, invalid, or unenforceable, such provision of this Agreement shall be deemed to be amended to conform to the requirements of such law or regulation, but only to the minimum extent required by such law or regulation.

XII. ERRORS AND OMISSIONS POLICY

During the term of this Agreement, Agent should maintain an Agent's Errors and Omissions Liability Policy from an insurer with an A. M. Best Rating of A- or higher with minimum limits of coverage of one million dollars (\$1,000,000). Agent shall provide Company with a copy of such policy if Company so requests. The cost of such policy shall be at the sole expense of Agent.

XIII. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts.

XIV. ASSIGNMENT OR TRANSFER

Unless first agreed to in writing by Servicing Carrier, this Agreement may not be assigned or otherwise transferred by Producer, and no purported assignee of this Agreement shall be authorized to act on behalf of Servicing Carrier in any respect.

XV. ADVERTISING

Producer shall not broadcast, publish, or distribute any advertisements or other matter referring to Servicing Carrier without the prior written approval of Servicing Carrier. Producer shall not employ, reproduce, or display Servicing Carrier's trademark, service mark, logo, or other identifying symbols without the prior written approval of Servicing Carrier.

XVI. RECORDS

In the event of a discrepancy between Producer's and Servicing Carrier's records relating to this Agreement, the records of Servicing Carrier shall control.

XVII. SETOFF

At its option and sole discretion, Servicing Carrier shall be entitled to setoff against any obligation, indebtedness or amounts owed to Producer by Servicing Carrier under this Agreement or otherwise any and all obligations, indebtedness, or amounts owed to Servicing Carrier by Producer under this Agreement or otherwise.

XVIII. AUTOMATED SYSTEMS

Servicing Carrier grants Producer a non-exclusive license without right to sub-license, such automated systems and software as Servicing Carrier, at its sole discretion, may from time to time make available to Producer. Producer's use of a Servicing Carrier automated system does not alter the responsibilities and authorities of Producer set forth within this Producer Agreement.

Should Servicing Carrier make available such automated systems and software, the following shall apply:

- a. Producer shall utilize the automated systems and software for the sole purpose of the performance of business under this Agreement only in compliance with applicable federal and state laws and only in accordance with Servicing Carrier's instructions.
- b. Servicing Carrier reserves the right to immediately terminate Producer's access to any automated system.
- c. The automated systems, software, and all documentation shall remain the exclusive property of Servicing Carrier, and may not be copied, altered, reproduced, or disseminated. Producer shall return to Servicing Carrier any and all automated systems, software, and documents upon demand or upon the termination of this Agreement.
- d. Producer shall retain all documents, maintained on paper or in an electronic format acceptable to Servicing Carrier, relating to transactions processed on the automated system for that period of time required by Servicing Carrier, applicable law, regulation, or direction of public authority.

e. In addition to other rights provided herein, Servicing Carrier has the right to immediately inspect and audit Producer's use of the automated systems, software, and the source documents related to the business processed through the system by Producer at any reasonable time.

f. Producer shall take reasonable measures to safeguard the automated systems and software against loss, damage, unauthorized use, misuse, or misappropriation.

g. The automated systems and software are considered confidential and proprietary. Producer shall not disclose any confidential or proprietary information to any third party without the prior written consent of Servicing Carrier.

h. Servicing Carrier does not offer or give any warranty, express or implied, by operation of law or otherwise, of the automated systems and software made available to Producer, and Servicing Carrier shall have no liability to Producer for any claims, injury, loss, or damage suffered by Producer in connection with or arising out of the furnishing, functioning, use or performance of any automated systems or software made available to Producer.


XIX. AGREEMENT EFFECTIVE

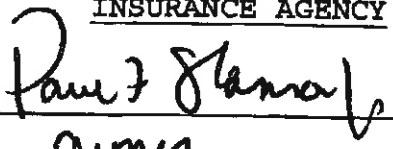
This Agreement supersedes all previous Agreements, whether written or oral, between Servicing Carrier and Producer and

- (1) Shall be effective 7/1/2011; and
- (2) Shall continue in full force and effect until amended, superseded or terminated.

IN WITNESS WHEREOF, Producer and Servicing Carrier have caused this Agreement to be executed this 4/27/11.

THE COMMERCE INSURANCE COMPANY AGENCY: PAUL F. SHANNON, JR.
DBA THE SHANNON
INSURANCE AGENCY

By: 
Patrick McDonald
Title: SR. V.P. MARKETING

By: 
Owner
Title: Owner

The Commerce Insurance Company
Schedule of Commission Rates



This schedule shall constitute part of the Commercial Automobile Limited Servicing Carrier Agreement with The Commerce Insurance Company and Paul F. Shannon, Jr. dba The Shannon Insurance Agency dated 7/1/2011.

CLASSIFICATION

RATE OF COMMISSION

COMMERCIAL AUTOMOBILE.....Refer to Limited Servicing Carrier