COMMONWEALTH AUTOMOBILE REINSURERS
101 Arch Street, Suite 400 Boston, Massachusetts 02110
www.commauto.com 617-338-4000
NATALIE A. HUBLEY
PRESIDENT

ADDITIONAL INFORMATION

TO MEMBERS OF THE MARKET REVIEW COMMITTEE

FOR THE MEETING OF:

Thursday, July 16, 2026, at 11:00 a.m.

MR
26.04 A One Insurance Agency/Commerce Insurance Company

Attached is additional information received from the Commerce Insurance Company and the A One Insurance Agency relative to the agency's request for review of the company's termination of the agency's Exclusive Representative Producer commercial automobile appointment (Docket #MR26.04, Exhibits #4 and #5).

RICHARD DALTON
Residual Market Liaison

Attachments

Boston, Massachusetts
July 9, 2026

mapfre Insurance

May 12, 2026

VIA UPS OVERNIGHT DELIVERY
Mr. Enrique Arce
A-One Insurance Agency, Inc.
1324 Belmont St, Suite 203
Brockton, MA.

Re: Termination of Limited Servicing Carrier Agreement

Dear Mr. Arce

This letter is to notify A-One Insurance Agency, Inc. ("A-One" or "ERP") that Commerce Insurance Company ("Commerce" or the "Company" also known as "Mapfre") is terminating the Limited Servicing Carrier Agreement between Commerce and A-One Insurance Agency, effective as of June 15th, 2026 (the "Agreement"). A copy of the Agreement is attached.

Authority for Termination

This termination is authorized by Commonwealth Automobile Reinsurer ("CAR") Rule of Operation ("Rule(s)") 16.B.2; Rule 13.B.6.a; Rule 13.B.[6].a.(2); and Rule 14.B.2.b.

Specific Basis for Termination

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.

Rule 14.B.2.b. states:

> Termination with a 30-Day Notice

mapfre Insurance

Failure to fulfill the requirements in Section 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.

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

- Rule 14.B.1.b. Collect, process and remit premium due a Servicing Carrier in accordance with the provisions of the Rules of Operation.
- 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.
- Rule 14.B.1.g Verify that the applicant has not been in default in the payment of any Motor Vehicle Insurance premiums in the past 24 months.
- Rule 14.B.1.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 a Servicing Carrier to provide such additional time if notwithstanding any written assurances the premium finance company has previously failed to perform its commitment.
- Rule 14.B.1.m. Properly order endorsements.
- Rule 14.B.1.p. Conduct all monetary transactions with the insured and the Servicing Carrier as required by the Rules of Operation and the ERP Contract.
- Rule 14.B.1.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.
- Rule 14B.1.x Comply with all the conditions set forth in the contract between the ERP and the Servicing Carrier.

The following attachments A through D reflect instances where A-One, the Representative Agency, was in violation of the CAR Rules and the Agreement.

Mapfre is proceeding with the termination at this time because A-One has failed to conform its business practices to comply with the CAR Rules and the Agreement despite ongoing communications between A-One and Mapfre's staff regarding the need to do so. We also provided formal written notification to A-One in October of 2025 indicating that Mapfre would terminate the Agreement if the ERP continued to process business in violation of CAR Rules and the Agreement. Please see the attached letter from Mapfre to A-One dated October 7, 2025.

Notice Period and Effective Date

The termination is effective June 15th, 2026, satisfying the 30-day notice requirement.

Changes in Operational Procedures Pending Termination Effective Date

Upon receipt of this termination notice and through the termination effective date, A-One may not bind Commerce on any new business or otherwise certify any coverage to the Registry of Motor Vehicles Unless A-One has first provided the following documents to Mapfre's Commercial Automobile Underwriting Department and Mapfre's Commercial Automobile Underwriting Department has approved the application's submission:

> Completed applications and all appropriate certification form(s) signed by named insured and agency producer with all documents supporting the CAR Rules of Operation 14.B.1.a. through 14B.1.y. as well as the terms of the agreement.

Right to Request Review of Termination

A-One has the right to request that this termination be reviewed by CAR, pursuant to Rule 14F. and Rule 20. A copy of this Rule and a copy of CAR's Request for Review/Relief form is attached.

Sincerely,

Sarah Clemens

Sarah Clemens
EVP Chief Technical Officer
Mapfre Insurance

CC:
Commissioner Michael T. Caljouw, Massachusetts Division of Insurance
Ms. Wendy Browne, VP of Business Operations, Commonwealth Automobile Reinsurers
Ms. Dargon Gallagher, Director of Commercial Lines Underwriting
Mr. Charles Newman, SVP of Commercial Lines
Mr. Dana Whitely, Senior VP, Northeast Business Development
Mr. Mike Abate, VP MA Business Development
Mr. Chris Cottingham, Director, Territory Sales

Attachment A

Rule 14.B.1.b. Collect, process and remit premium due to a Servicing Carrier in accordance with the provisions of the Rules of Operation.

Rule 14.B.1.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 a Servicing Carrier to provide such additional time if notwithstanding any written assurances the premium finance company has previously failed to perform its commitment.

Rule 14.B.1.p. Conduct all monetary transactions with the insured and the Servicing Carrier as required by the Rules of Operation and the ERP Contract.

Rule 14.B.1.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.

****Finance payments from finance companies are going directly to A-One's account via ACH payments but CAR Rule confirms that payments should be going directly to Servicing Carrier.**

Insured	Policy #	Policy Effective Date	New Business or Endorsement	Violation
[redacted]	L36219	2/4/26	New Business	Policy was financed and funds were sent from finance company-[redacted] via ACH payment directly to Agent's account on 2/12/25 but payment was not received at Mapfre until 3/11/26. **See attachments E & F**
[redacted]	L35091	1/19/26	New Business	Policy was financed and funds were sent from finance company-[redacted] via ACH payment directly to Agent's account on 1/21/26 but no payment was ever received at Mapfre to date. Policy cancelled for Non-Payment effective 3/19/26. **See attachments E & F**

[redacted]	L36465	2/26/26	New Business	Policy was financed and funds were sent from finance company-[redacted] via ACH payment directly to Agent's account on 2/16/26 but payment has not been received at Mapfre to date. **See attachments E & F**
[redacted]	L34781	2/3/26	New Business	Policy was financed and funds were sent from finance company-[redacted] via ACH payment directly to Agent's account on 2/16/26 but payment was not received from agent until 3/3/26. **See attachments E & F**
[redacted]	L35464	1/7/26	New Business	Policy was financed and funds were sent from finance company-[redacted] via ACH payment directly to Agent's account on 1/21/26 but no payment has ever been received at Mapfre to date. Policy is pending cancellation for Non-Payment effective 4/6/26. **See attachments E & F**

Attachment A - ADDENDUM

Rule 14.B.1.b. Collect, process and remit premium due to a Servicing Carrier in accordance with the provisions of the Rules of Operation.

Rule 14.B.1.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 a Servicing Carrier to provide such additional time if notwithstanding any written assurances the premium finance company has previously failed to perform its commitment.

Rule 14.B.1.p. Conduct all monetary transactions with the insured and the Servicing Carrier as required by the Rules of Operation and the ERP Contract.

Rule 14.B.1.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.

****Finance payments from finance companies are going directly to A-One's account via ACH payments but CAR Rule confirms that payments should be going directly to Servicing Carrier.**

Insured	Policy #	Policy Effective Date	New Business or Endorsement	Violation
[redacted] (NB prem=$7753)	L36219	2/4/26	New Business	**Finance Co paid agent on 2/12/26 - $6202.40. **Agent didn't pay Mapfre until 3/11/26 - $7753. **Insured paid Mapfre on 3/11/26 - $89.22 **See attachments E, F & G**
[redacted] (NB prem=$12,400)	L35091	1/19/26	New Business	**Finance Co paid agent on 1/21/26 - $9920. **Agent didn't pay Mapfre until 3/17/26 - $12,020 **Policy cancelled for Non-Pay on 3/19/26 as full pay was not rec'd. **See attachments E, F & G**

[redacted] (NB prem=$26,162)	L36465	2/26/26	New Business	**Finance Co paid agent on 2/16/26 - $18,104.80. **Agent didn't pay Mapfre until 5/13/26 - $18,104.80 **Agent made another payment on 6/17/26 -$4997. ** Insured paid Mapfre $8383.24 on 5/15/26 and $4300 on 6/11/26. **See attachments E, F & G**
[redacted] (NB prem=$20,173)	L34781	2/3/26	New Business	**Finance Co paid agent on 2/16/26 - $16,138.40 **Agent didn't pay Mapfre until 6/9/26 - $21,679 **See attachments E, F & G**
[redacted] (NB prem=$13,625)	L35464	1/7/26	New Business	**Finance Co paid agent on 1/21/26 - $11,450. *** Payment NEVER rec'd from agent. Insured paid Mapfre on 6/17/26 - $3762.18. Agent is now looking to rewrite this account eff 6/25/26. Policy cancelled for FCO on 3/25/26 **See attachments E, F & G**

Attachment B

Rule of Operation 14.B.1.f, report all coverage bound and all registrations certified to the Servicing Carrier within 2 business days after binding or certifying registrations.

Rule of Operation 14.B.1.m properly order endorsements.

Insured	Policy #	Effective Date	New Business or Endorsement	Violation
[redacted]	L30431	6/1/25	Endorsement	RTA stamped to add additional vehicle eff 12/5/25 but request to add vehicle was not submitted to company until 3/5/26. **See attachment** [redacted]
[redacted]	L17798	2/22/25	Endorsement	RTA stamped to add additional repair plate eff 10/16/25 but agent never sent in request to add same to policy. **See attachment** [redacted]
[redacted]	L23672	11/30/24	Endorsement	RTA's were stamped effective 11/20/25 to add 2 vehicle's but request wasn't submitted to company until 11/30/25 with incorrect transaction effective date of 11/30/25. End should have requested to add vehicles 11/20/25 per RTA stamp dates. **See attachment** [redacted]

Attachment C

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.

Insured	Policy #	Effective Date	New Business or Endorsement	Violation
[redacted]	L35091	1/19/26	New Business	Agent financed policy but failed to submit copy of signed Finance Company Agreement to Mapfre once policy was bound. Mapfre obtained copy of finance agreement directly from Finance Co-[redacted] 2 months after policy was bound. **See attachment** [redacted]
[redacted]	L36465	2/26/26	New Business	Agent financed policy but failed to submit copy of signed Finance Company Agreement to Mapfre once policy was bound. Mapfre obtained copy of finance agreement directly from Finance Co-[redacted] approx. 1 month after policy was bound. **See attachment** [redacted]

Attachment D

Rule of Operation 14.B.1.e. Provide a reasonable and good faith effort to verify the information provided by the applicant, including rating and licensing data.

Rule of Operation 14.B.1.g. 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
[redacted]	L34068	11/14/25	New Business	Agency submitted new business quote but failed to validate, collect & remit outstanding balances owed within last 24 months to prior carrier. Also, the prior monies owed question on the insured's quote application was checked off "NO" however, MA registry did confirm that insured owed prior earned premium amounts with last 24 months which agent failed to accurately answer & validate. See attachment [redacted]

[redacted]	L36219	2/4/26	New Business	Agent failed to submit required CAR Operator Exclusion form for Excluded Driver #2 and accurate vehicle lease agreement. **See attachment** [redacted]

ATTACHMENT E - (Copies of all Finance Agreements for polices per attachment A)

Docusign Envelope ID: B095980E-50BF-439F-6931-A54729D45B2B

LENDER:

PREMIUM FINANCE AGREEMENT

☐ Personal ☑ Commercial ☐ Additional Premium

[redacted]

[redacted]

Quote #: 92778695

INSURED/BORROWER (Name and Address as shown on Policy)	Customer ID: N/A	AGENT or BROKER (Name and Business Address)
[redacted]		A-ONE INSURANCE AGENCY INC. 1324 Belmont Street, Suite 203 Brockton, MA 02301

LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
[redacted]							

YOUR PAYMENT SCHEDULE WILL BE: ***Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000***

Number of Payments	Amount of Each Payment		
[redacted]		**First Installment Due**	3/4/2026
		Installment Due Dates	4th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

1. SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

2. FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the Financed Polices. The finance charge is computed using a 365-day calendar year.

3. LATE PAYMENT. For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of $10 or 5% of the delinquent installment.

4. PREPAYMENT. If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
L36219	C01531-MAFFRE INSURANCE CO. [CX:0] [90%PR]	AUTO	12	2/4/2026 ERN TXS/FEES FIN TXS/FEES Earned Broker Fee	[redacted]
				TOTAL	

Q# 92778695, PRN: 021126, CFG: 25/8-20/9, RT: A13879-MM, DD: N/A, BM: ACH, Qtd For: A13879 Original, Memo 0

5. PROMISE TO PAY. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.

6. POWER OF ATTORNEY. INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.

7. SIGNATURE & ACKNOWLEDGEMENT. Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

[redacted] 2/11/2026

Signature of Insured or Authorized Agent — Date

Signature of Agent — 2/11/2026 — Date

FIF1122NBF

Docusign Envelope ID: 66076318-8634-4C51-852E-D40C59EC2E50

LENDER: [redacted]

PREMIUM FINANCE AGREEMENT

☐ Personal ☑ Commercial ☐ Additional Premium

[redacted]

Quote #: 91574186

INSURED/BORROWER (Name and Address as shown on Policy) Customer ID: N/A	**AGENT or BROKER** (Name and Business Address)
[redacted]	A-ONE INSURANCE AGENCY INC. 1324 Belmont Street, Suite 205 Brockton, MA 02301

LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
[redacted]							

YOUR PAYMENT SCHEDULE WILL BE: ***Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000***

Number of Payments	Amount of Each Payment		
[redacted]		**First Installment Due**	2/19/2026
		Installment Due Dates	19th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

1. SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

2. FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the Financed Polices. The finance charge is computed using a 365-day calendar year.

3. LATE PAYMENT. For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of $10 or 5% of the delinquent installment.

4. PREPAYMENT. If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
L35091	C01535-COMMERCE INSURANCE COMPANY [CX-0] [90%PR]	AUTO	12	1/19/2026 ERN TXS/FEES FIN TXS/FEES Earned Broker Fee	[redacted]
				TOTAL	

Qte 91574186, PRN: 012026, CFG: 25/9-20/9, RT: A13879-IMM, DD: N/A, BM: ACH, Qte For: A13879 Original, Memo 0

5. PROMISE TO PAY. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.

6. POWER OF ATTORNEY. INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.

7. SIGNATURE & ACKNOWLEDGEMENT. Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

[redacted]	1/20/2026		1/20/2026
Signature of Insured or Authorized Agent	Date	Signature of Agent	Date

Docusign Envelope ID: 61498305-838B-4D5F-957A-EC85792CBA99

PREMIUM FINANCE AGREEMENT

Assigned To:

[redacted]

Date: 02-12-2026

INSUREDS NAME & ADDRESS	E-mail Address	PRODUCER & LENDER, NAME & ADDRESS	ETI ACCT. NO.
[redacted]	[redacted]	A-ONE INSURANCE AGENCY, INC 1324 Belmont Street Brockton ,MA, 02301-0000	13923263 PRODUCER # 10927 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
	02-12-2026	02-12-2027	COMMERCE INSURANCE COMPANY	COMM. AUTO Earned Fees Unearned Fees		[redacted]

(Continued on - Schedule of Additional Policies) Broker/Agent Fee $100.00

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

CASH PRICE (TOTAL PREMIUM(S))	(-) DOWN PAYMENT	(=) AMOUNT FINANCED amount of credit provide 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
[redacted]					

TOTAL SALES PRICE the total cost of your credit including your down payment (cash price + finance charge)

[redacted]

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 10 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:

Amount of each Payment	Number of Payments	When first Payment is Due
[redacted]	9	03-12-2026

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 600, 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 [redacted] **Date** 02-12-2026

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 bonafide 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 [redacted] **Date** 02-12-2026

Docusign Envelope ID: F8C17AFC-956F-420D-A3F0-1D55E1792464

PREMIUM FINANCE AGREEMENT

Assigned To:

[redacted]

Date: 02-12-2026

INSUREDS NAME & ADDRESS	E-mail Address	PRODUCER & LENDER, NAME & ADDRESS	ETI ACCT. NO.
[redacted]		A-ONE INSURANCE AGENCY, INC 1324 Belmont Street Brockton ,MA, 02301-0000	13924790 PRODUCER # 10927 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
	02-12-2026	02-12-2027	COMMERCE INSURANCE COMPANY	COMM. AUTO Earned Fees Unearned Fees		[redacted]
			(Continued on – Schedule of Additional Policies)		Broker/Agnt Fee $150.00	

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

CASH PRICE (TOTAL PREMIUM(S))	(-) DOWN PAYMENT	(=) AMOUNT FINANCED amount of credit provide 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
[redacted]					

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 10 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.
[redacted]	

YOUR PAYMENT SCHEDULE WILL BE:

Amount of each Payment	Number of Payments	When first Payment is Due
[redacted]	9	03-12-2026

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 [redacted] **Date** 02-12-2026

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 bonafide 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 _____ **Date** 02-12-2026

Docusign Envelope ID: 54B287E9-8E93-43AF-BD86-9C9F39061D6F

PREMIUM FINANCE AGREEMENT

Assigned To:

[redacted]

Date: 01-07-2026

INSUREDS NAME & ADDRESS E-mail Address	PRODUCER & LENDER, NAME & ADDRESS	ETI ACCT. NO.
[redacted]	A-ONE INSURANCE AGENCY, INC 1324 Belmont Street Brockton ,MA, 02301-0000	13696240 PRODUCER # 10927 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
	01-07-2026	01-07-2027	COMMERCE INSURANCE COMPANY	COMM. AUTO Earned Fees Unearned Fees		[redacted]

(Continued on - Schedule of Additional Policies) Broker/Agent Fee $100.00

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

CASH PRICE (TOTAL PREMIUM(S))	(-) DOWN PAYMENT	(=) AMOUNT FINANCED amount of credit provide 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
[redacted]					

TOTAL SALES PRICE the total cost of your credit including your down payment (cash price + finance charge)

[redacted]

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 10 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:

Amount of each Payment	Number of Payments	When first Payment is Due
[redacted]	9	02-07-2026

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 [redacted] **Date** 01-07-2026

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 bonafide 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 [redacted] **Date** 01-07-2026

ATTACHMENT F – (Proof of ACH Finance payments paid directly to A-One per Attachment A)

Account History Report

[redacted]

Filter(s): [redacted]
Requested
Current / Active

Tuesday, March 17, 2026 3:10 PM

Customer Information	
Account Number:	[redacted]
Account Holder:	
Physical Address:	
Main Phone:	
Agent:	A13879 - A-ONE INSURANCE AGENCY INC.
Main Address:	1324 Belmont Street, Suite 203 Brockton, MA 02301
Main Phone:	(508) 659-5969

Received Date:	--	Next Intent Date:	4/9/2026
Create Date:	2/12/2026	Sched. Cancellation Date:	4/20/2026
Created By:	[redacted]	Cancellation Print Date:	--
Effective Date:	2/4/2026	Cancellation Effective Date:	--
Archive Date:	--	Cancellation Hold:	--
		Next Reinstatement Date:	--
		Next Late Fee Date:	4/15/2026
First Due Date:	3/4/2026	Last Intent Date:	--
Next Due Date:	4/4/2026	Last Cancel Date:	--
Last Due Date:	--	Last Reinstate Date:	--

Summary Financials	
Total Premium:	[redacted]
Down Payment:	
Amount Financed:	
Non-Refundable Fee	
Finance Charge:	
Total of Payments	
No. of Installments:	
Installment Amount:	
APR:	
Installments Made/Remaini	
Next Installment Amount:	
Next Late Fee Amount:	
Shortage:	
Account Balance (inc. fees)	
Past Due/Due Now:	
Governing Region:	Massachusetts
Fee Method:	Finance Charge
Billing Cycle:	Monthly
Billing Method:	ACH
Account Profile:	Commercial
New/Renewal:	New
Lender:	[redacted]
Old Account:	

Policy (1 of 1) - from Original Loan

Policy Number:	L36219	Coverage:	AUTO - AUTO
Effective Date:	2/4/2026	Policy Term (Months):	12
		Addtnl Days to Cancel:	0
Carrier:	C01531 - MAPFRE INSURANCE CO.		
Premium:	[redacted]	Return Method:	90% Pro-Rata
Earned Taxes/Fees:		Min. Earned Premium:	0.00 0.000
Financed Taxes/Fees:		Commission:	0.00 0.000
Total Amount:		Verified Date:	--
Filing: ☐ Audit: ☐ Assigned Risk: ☐		Verified Comments:	

ACH Information

Bank Name:		Account Number:	[redacted]
Routing Number:	[redacted]	Account Type:	Checking

Account History Report

[redacted]

Filter(s): [redacted]
Requested
Current / Active

Tuesday, March 17, 2026 3:10 PM

Original Loan

Effective Date:	2/4/2026	APR:	[redacted]
No. of Installments:	9	Earned Broker Fee:	
Installment Amount:	[redacted]	Financed Broker Fee:	
Installment Retained:		Total Premium:	
Down Retained:		Down Payment:	
Total Retained:		Amount Financed:	
Premium Discount:		Doc. Stamp Tax:	
		Non-Refundable Fee:	
Accrued Interest:		Finance Charge:	
Deferred Interest:		Total of Payments:	

Disbursement (1 of 1)

Payee:	A13879 - A-ONE INSURANCE AGENCY INC.		
Amount:	6,202.40	Status:	Paid
Type:	Original - Original Loan	Release Date:	2/12/2026
Method:	ACH	Disbursed Date:	2/12/2026
Serial Number:	[redacted]	Cleared Date:	2/12/2026

Policy Number	Insurance Carrier	Coverage	Premium
L36219	MAPFRE INSURANCE CO.	AUTO	[redacted]

Installment Schedule(s)

No.	Due Date	Summary	Adjustment	Original
1	3/4/2026	[redacted]		
2	4/4/2026			
3	5/4/2026			
4	6/4/2026			
5	7/4/2026			
6	8/4/2026			
7	9/4/2026			
8	10/4/2026			
9	11/4/2026			

Amortization Schedule

#	Due Date	Payment (Funding)	Principal	Interest	Principal Balance
	2/4/2026	[redacted]			
1	3/4/2026				
2	4/4/2026				
3	5/4/2026				
4	6/4/2026				
5	7/4/2026				
6	8/4/2026				
7	9/4/2026				
8	10/4/2026				
9	11/4/2026				

Payment History (1)

Account History Report

[redacted]

Filter(s): [redacted]
Requested [redacted]
Current / Active

Tuesday, March 17, 2026 3:10 PM

Date	Transaction Type	Amount	Payment Method Serial Number	Payment Source Additional Info.	Event/User Reason	User Name
3/4/2026	Payment	[redacted]	ACH [redacted]	Borrower	ACH - ACH	SStark1

Customer Account History Report

[redacted]

Filter(s): L[redacted]
Requested
Cancelled / Active

Tuesday, March 17, 2026 12:30 PM

Customer Information

Account Number: [redacted]
Account Holder:
Physical Address:
Main Phone:

Agent: A13879 - A-ONE INSURANCE AGENCY INC.
Main Address: 1324 Belmont Street, Suite 203
Brockton, MA 02301
Main Phone: (508) 659-5969

Received Date:	–	Next Intent Date:	2/25/2026
Create Date:	1/21/2026	Sched. Cancellation Date:	3/9/2026
		Cancellation Print Date:	3/16/2026
Effective Date:	1/19/2026	Cancllation Effective Date:	4/5/2026
		Cancellation Hold:	–
		Next Reinstatement Date:	–
		Next Late Fee Date:	3/30/2026
First Due Date:	2/19/2026	Last Intent Date:	2/25/2026
Next Due Date:	2/19/2026	Last Cancel Date:	–
Last Due Date:	–	Last Reinstate Date:	–

Summary Financials

Total Premium: [redacted]
Down Payment:
Amount Financed:
Non-Refundable Fee
Finance Charge:
Total of Payments
No. of Installments:
Installment Amount:
APR:
Installments Made/Remair
Next Installment Amount:
Next Late Fee Amount:
Account Balance (inc. fees
Past Due/Due Now:
Governing Region:

Billing Cycle: Monthly
Billing Method: Invoice
Account Profile: Commercial
New/Renewal: New
Old Account:

Policy (1 of 1) - from Original Loan

Policy Number: L35091 Coverage: AUTO - AUTO
Effective Date: 1/19/2026 Policy Term (Months): 12 Addtn Days to Cancel: 0

Carrier: C01535 - COMMERCE INSURANCE COMPANY

Premium: [redacted]
Earned Taxes/Fees:
Financed Taxes/Fees:
Total Amount:

Return Method: 90% Pro-Rata
Min. Earned Premium: 0.00 0.000

Filing: ☐ Audit: ☐ Assigned Risk: ☐

Customer Account History Report

[redacted]

Filter(s):
Requested [redacted]
Cancelled / Active

Tuesday, March 17, 2026 12:30 PM

Original Loan

Effective Date:	1/19/2026	APR:	[redacted]
No. of Installments:	9	Earned Broker Fee:	
Installment Amount:	[redacted]	Financed Broker Fee:	
Installment Retained:		Total Premium:	
Down Retained:		Down Payment:	
Total Retained:		Amount Financed:	
		Doc, Stamp Tax:	
		Non-Refundable Fee:	
		Finance Charge:	
		Total of Payments:	

Disbursement (1 of 1)

Payee:	A13879 - A-ONE INSURANCE AGENCY INC.		
Amount:	9,920.00	Status:	Paid
Type:	Original - Original Loan	Release Date:	1/21/2026
Method:	ACH	Disbursed Date:	1/21/2026
Serial Number:	[redacted]	Cleared Date:	1/21/2026

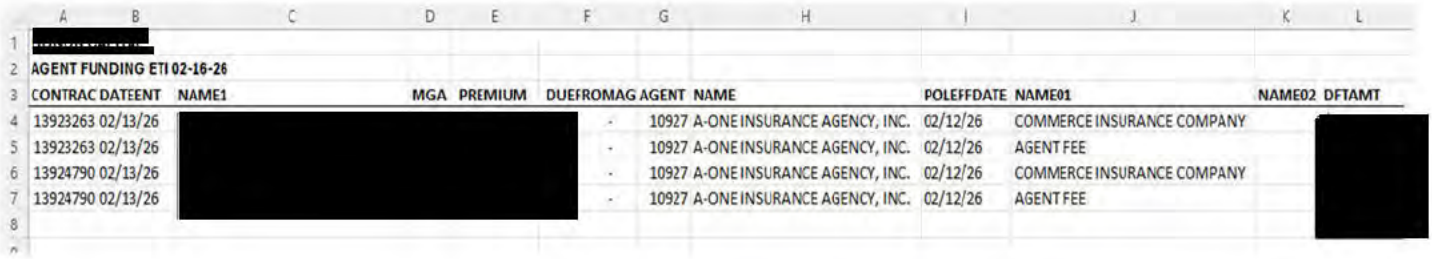
Policy Number	Insurance Carrier	Coverage	Premium
L35091	COMMERCE INSURANCE COMPANY	AUTO	[redacted]

Installment Schedule(s)

No.	Due Date	Summary	Adjustment	Original
1	[redacted]			
2				
3				
4				
5				
6				
7				
8				
9				

Payment History (5)

Date	Transaction Type	Amount	Payment Method Serial Number	Payment Source Additional Info.	Event/User Reason
2/19/2026	Payment	[redacted]	ACH [redacted]	Borrower	ACH - ACH
2/25/2026	Payment Adjustment		Returned Payment		2nd NSF
2/25/2026	Return Fee		Original		Fee For: 2nd NSF
3/2/2026	Late Fee		Original	Applies to Pmt. No. 1	Automatically Assessed
3/16/2026	Cancel Fee		Original	Applies to Pmt. No. 1	Account cancelled.



	A	B	C	D	E	F	G	H	I	J	K	L
1	[redacted]											
2	AGENT FUNDING ETI 02-16-26											
3	CONTRAC	DATEENT	NAME1	MGA	PREMIUM	DUEFROMAG	AGENT	NAME	POLEFFDATE	NAME01	NAME02	DFTAMT
4	13923263	02/13/26	[redacted]			-	10927	A-ONE INSURANCE AGENCY, INC.	02/12/26	COMMERCE INSURANCE COMPANY		[redacted]
5	13923263	02/13/26				-	10927	A-ONE INSURANCE AGENCY, INC.	02/12/26	AGENT FEE		
6	13924790	02/13/26				-	10927	A-ONE INSURANCE AGENCY, INC.	02/12/26	COMMERCE INSURANCE COMPANY		
7	13924790	02/13/26				-	10927	A-ONE INSURANCE AGENCY, INC.	02/12/26	AGENT FEE		
8												

ACH Batch Details

1. Transaction Number [redacted]
2. Import File Name
3. Import Batch ID
4. Recurring Frequency One-Time Payment
5. Template Name A-ONE INSURAN AGENCY
6. Total Credits [redacted]
7. ACH Company [redacted]
8. Batch Type Business (CCD) - Credit Only
9. Offset Account

*2590 - CHECKING (ETI Draft) - [redacted]

10. Memo
11. Company Entry Description ACH
12. Notify Initiator Options

Pending Actions: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

13. Payment Creation Date Feb 17, 2026 2:00 PM EST

14. Processing Date 02/17/26

15. Payment Date 02/18/26

16. Status Completed

Search Payee Records

Payee	Account	ABA	Amount	Addenda

Prev1Next**Go to page [ ]Showing 1 - 1 of 1Items to display:10**

A-ONE INSURANCE [redacted]

Prev1Next**Go to page [ ]Showing 1 - 1 of 1Items to display:10**

Results returned in 0.012 seconds

Status History

From: [redacted]
Sent: Tuesday, March 17, 2026 3:15 PM
To: [redacted]
Subject: RE: Funding Proof

Hello [redacted]

See attached funding reports for the contracts listed.

[redacted]

From: [redacted]
Sent: Monday, March 16, 2026 5:52 PM
To: [redacted]
[redacted]
Subject: Funding Proof

Hello,

Can you please help me with funding proof for agent Stacey from MAPFRE, she advised they have been having some issues with seeing funding.

These are the accounts: [redacted]

[redacted]

[redacted]

Sincerely

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Monday, March 23, 2026 9:36 AM
To: [redacted]
Subject: Fw: Funding Proof-[redacted]

Caution: This message is from an external sender.

Good morning,

Here is the funding proof for [redacted], if have any other questions feel free to reach out.

Sincerely

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Friday, March 20, 2026 4:30 PM
To: [redacted]
Subject: RE: Funding Proof

See proof below

	A	B	C	D	E	F	G	H	I	J	K	L
1	[redacted]											
2	AGENT FUNDING ETI01-21-26											
3	CONTRAC	DATEENT	NAME1	MGA	PREMIUM	DUEFROMAGT	AGENT NAME		POLEFFDATE	NAME01	NAME02	DFTAMT
4	[redacted]	01/20/26	[redacted]	0	[redacted]	$ -	10927 A-ONE INSURANCE AGENCY, INC.		01/07/26	COMMERCE INSURANCE COMPANY		[redacted]
5	[redacted]	01/20/26	[redacted]	0	[redacted]	$ -	10927 A-ONE INSURANCE AGENCY, INC.		01/07/26	AGENT FEE		
6												

Template Information

Template Name:	A-ONE INSURAN AGENCY
Request Type:	CCD Payment
Company Name/ID:	ETI 2590 / 9592611508
Template Description:	ACH
Debit Account:	[redacted]
Effective Date:	01/22/2026
Confirmation Number:	3332113817
Status:	Processed

Credit / Destination Accounts

ABA/TRC	Account	Account Type	Name	Detail ID	Amount
011000138	[redacted]	Checking	A-ONE INSURANCE AGENCY	10927	[redacted]

Total: [redacted]

Approval History Information

Approval Status: 1 of 1 received

Action	User ID	Date
Enter Request	[redacted]	01/21/2026 01:16:44 PM (ET)
Approve/Transmit Request		01/21/2026 02:01:16 PM (ET)

[redacted]

Sincerely

[redacted]

Commercial Automobile Limited Servicing Carrier Agreement

MAPFRE | USA

THE COMMERCE INSURANCE COMPANY (hereinafter called "Servicing Carrier'') and A - ONE INSURANCE AGENCY, INC. 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 OMMISSIONS 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 October 2, 2017 ; 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 10/13/2017.

THE COMMERCE INSURANCE COMPANY

By: DocuSigned by: John V. Kelly 8E7DE6193E5E498... John V. Kelly
Title: Senior Vice President Business Development Northeast Region

AGENCY: A - ONE INSURANCE AGENCY, INC.

By: DocuSigned by: Enrique Arce D76F25D4000A4B7...
Title: Owner

The Commerce Insurance Company
Schedule of Binding Authority

This schedule shall constitute part of the Commercial Automobile Limited Servicing Carrier Agreement with The Commerce Insurance Company and **A - One Insurance Agency, Inc.** dated **10/02/2017**.

Producer may issue binders for the insurance and within the limits herein stated and countersign insurance policies furnished by Servicing Carrier and request or prepare endorsements, assignments and modifications of policies from time to time, subject to the underwriting rules, manuals, guidelines, bulletins, or instructions of Servicing Carrier, except that no binder or amendment to insurance shall assume liability or change the conditions respecting a loss which has occurred prior to the issuance of the binder or amendment. A complete report of each application, binder, policy, endorsement or certificate issued shall be submitted to Servicing Carrier within two (2) business days of the effective date of coverage. All binders and policies shall be in accordance with the manuals and written or printed instructions of Servicing Carrier now or hereafter furnished to Producer and in no event shall Producer have authority to issue binders on risks or coverages which such manuals or instructions designate as "unacceptable" or "refer to Servicing Carrier" or otherwise restrict binding authority. Producer shall promptly cancel or change the conditions of any insurance bound or issued hereunder, in conformity with any request of Servicing Carrier. Producer's authority is limited to Massachusetts policies.

Commercial Lines Binding Authority

Commercial Automobile	
Liability	
- Bodily Injury	$1,000,000 per person $1,000,000 per accident
- Medical Payments	$5,000
- Uninsured Motorist	$500,000 per person $500,000 per accident
- Underinsured Motorist	$500,000 per person $500,000 per accident
- Property Damage	$250,000
Physical Damage	
- Limit	$100,000 each vehicle

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 **A - One Insurance Agency, Inc.** dated **10/02/2017**.

CLASSIFICATION	RATE OF COMMISSION
COMMERCIAL AUTOMOBILE.....	Refer to Limited Servicing Carrier

MAPFRE | INSURANCE

October 7, 2025 **SENT DOCUSIGN & CERTIFIED MAIL**

Mr. Enrique Arce
A - One Insurance Agency, Inc.
1324 Belmont Street, Suite 203
Brockton, MA 02301

Dear Enrique,

I am writing on behalf of MAPFRE Insurance ("MAPFRE" or the "Company") to provide A-One Insurance Agency ("A-One" or "You(r)") a warning on repeated failure to report all coverage bound and all registrations certified to the Servicing Carrier within two business days after binding coverage or Certifying a registration, incomplete new business submissions, and failure to verify prior monies owed. This is in violation of the Limited Servicing Agreement dated October 2, 2017, between A-One and MAPFRE Insurance. Continued violation of CAR Rules or the Agreement will result in termination of our agreement.

The following includes eight policies in which MAPFRE recently issued A-One Insurance a violation for the following CAR Rule Violations:

Named Insured	Policy No.	Reasons for CAR Violation
[redacted]	L22537	Failure to validate applicant has not been in default of insurance premiums within the past 24 months and Failure to collect, process and remit premium due to the Servicing Carrier in accordance with the provisions of the Rules of Operation and Inaccurate information
[redacted]	L27133	Failure to collect, process and remit premium due to the Servicing Carrier in accordance with the provisions of the Rules of Operation
[redacted]	L24723	Late submission and Failure to provide mandatory CAR forms
[redacted]	L29771	Late submission, Inaccurate information, Incomplete submission, and Failure to provide mandatory signed Taxi application
[redacted]	L30037	Late submission and Failure to forward premium payments to the Servicing Carrier within two business days of receipt where no prior agreement has been made with Servicing Carrier
[redacted]	L30431	Failure to report all coverage bound and registrations certified to the Servicing Carrier within two business days after binding coverage or certifying a registration and Failure to forward premium payments to the Servicing Carrier within two business days of receipt where no prior agreement has been made with the Servicing Carrier
[redacted]	L28655	Failure to report all coverage bound and all registrations certified to the Servicing Carrier within two business days after binding coverage or certifying a registration and Failure to properly order an endorsement
[redacted]	L31848	Late submission, Inaccurate Information, and Incomplete Submission
[redacted] (Policy Endorsement)	L31848	Inaccurate information, Incomplete submission, and Failure to property order an endorsement

In addition, we recently issued a Legal Notice of Cancellation for Fraud or Material Misrepresentation – Garaging Address for the following:

[redacted]	L28577	SIU field investigation reported no lease agreement between applicant and property owner as reported to MAPFRE. It looks like the contract is a false document
[redacted]	L28653	SIU field investigation reported no lease agreement between applicant and property owner as reported to MAPFRE. It looks as if the applicant created a false document forging the property owner's name

MAPFRE | INSURANCE

The foregoing activities violate CAR Rule 14. B.1, subsection d., f., g. and Section I.b. of the Agreement. Please refer to CAR Rules 13.B.6. and Section VI of the Agreement. MAPFRE trusts that A-One Insurance will take the appropriate steps to fully comply with all of CAR's Exclusive Representative Producer requirements, the terms of the Agreement, and M.G.L. 175 § 113H.

If A-One continues to submit untimely or incomplete applications and payments to MAPFRE, the Company will immediately move to terminate the agreement with the required 30 days' notice as provided 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. MAPFRE is sending this letter solely as a courtesy to A-One Insurance Agency. MAPFRE reserves all rights and remedies under applicable laws, rules and regulations including the right to act on any violation of CAR Rules or contractual breaches regardless of whether such conduct has been specifically addressed in this letter.

Sincerely,

DocuSigned by:
Sarah Clemens
CE65242817A1428...

Sarah Clemens
Executive Vice President Chief Technical Officer

Cc:
Wendy Browne, Vice President of Business Operations, Commonwealth Automobile Reinsurers
Dana Whiteley, Senior Vice President, Northeast Business Development
Jeff Pasco, Director Business Development & Strategic Planning, Northeast Business Development
Chris Cottingham, Territory Manager, Northeast Business Development
Richard Murphy, Business Development Representative Sr., Northeast Business Development

To: Control Unit Cash/cgi

Subject: Misapplied Request – Policy #

MISAPPLIED PAYMENT RESEARCH REQUEST FORM PLEASE SUBMIT TO THE **CONTROL UNIT CASH** MAILBOX FOR RESEARCH. PLEASE DO NOT SUBMIT TO THE REMITTANCE MAILBOX OR CONTACT INDIVIDUAL REPS AS WE CANNOT GUARANTEE REQUEST WAS RECEIVED.	
***REQUIRED INFORMATION NECESSARY FOR RESEARCH TO BE COMPLETED**	
***INSURED NAME:**	5 policies [redacted]
***POLICY #:**	L36219, L35091, L36465, L34781, L35464
***AGENT CODE:**	T9R A - ONE INSURANCE AGENCY, INC
***CHECK AMOUNT:**	7,753.00,89.22, 12,020.00, 18,104.80, 8,383.24, 4,300.00, 4,997.0021,679.00, 3762.18
***DATE OF ERROR:**	3/11/26, 3/11/26,3/17/26. 5/13/26,5/15/26,6/11/26,6/17/26,5/9/26,6/18/26
***PAYMENT POST DATE:**	3/11/26, 3/11/26,3/17/26. 5/13/26,5/15/26,6/11/26,6/17/26,5/9/26,6/18/26
***WHAT TYPE OF PAYMENT:**	**PAC CC/DC RETURN VENDOR EFT**
POSSIBLE ENCODING ERROR:	**YES (PLEASE CIRCLE)**
CS COMMENTS: (INSERT ANY COMMENTS APPLICABLE TO HELP QUALIFY THE REQUEST)	Check pmts For a Commercial Lines legal matter for [redacted]
COPY OF FRONT AND BACK OF THE CHECK IS REQUIRED WHEN REQUESTING RESEARCH ON A MISSING PAYMENT. THIS IS TO ENSURE THAT WE RECEIVED THE CHECK AND IT HAS BEEN CASHED.	**COPY OF CHECK ATTACHED YES NO Please provide copies of all check made to us**
REMITTANCE DEPARTMENT WILL RESPOND BY EMAIL WHEN RESEARCH IS COMPLETED. ***PLEASE DO NOT CALL AS ALL RESEARCH TAKES TIME AND THERE WILL NOT BE AN IMMEDIATE RESOLUTION.***	MISAPPLIED PAYMENTS ARE NOT RESEARCHED ON HIGH VOLUME DAYS (MONDAYS/DAYS AFTER HOLIDAYS) – WE APPRECIATE YOUR PATIENCE AS WE FOCUS ON COMPLETING CASH PROCESSING ON THOSE DAYS.

L36465 **$18,104.80** **5/13/2026**

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**133027**
Source	**Internet Payment**	Reference Number	
Date / Time	**May 13 2026 2:22PM**	Email	**accounting@aoneinsagency.com**
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000649954**
Client Account Number	**L364655**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing		AVS Response	
Payment Amount	**$18,104.80**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	**a one ins agency**	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L36465 **$8,383.24** **5/15/2026**

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**135015**
Source	**Internet Payment**	Reference Number	
Date / Time	**May 15 2026 11:38AM**	Email	[redacted]
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000649999**
Client Account Number	**L364655**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing		AVS Response	
Payment Amount	**$8,383.24**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	[redacted]	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L36465 $4,300.00 6/11/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**162013**
Source	**Internet Payment**	Reference Number	
Date / Time	**Jun 11 2026 2:08PM**	Email	[redacted]
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000650558**
Client Account Number	**L364655**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing	[redacted]	AVS Response	
Payment Amount	**$4,300.00**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	[redacted]	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L36465 $4,997.00 6/17/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**168017**
Source	**Internet Payment**	Reference Number	
Date / Time	**Jun 17 2026 12:01PM**	Email	**accounting@aoneinsagency.com**
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000650678**
Client Account Number	**L364655**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing	[redacted]	AVS Response	
Payment Amount	**$4,997.00**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	**a one ins**	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L36219 $7,753.00 3/11/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**070025**
Source	**Internet Payment**	Reference Number	
Date / Time	**Mar 11 2026 3:57PM**	Email	**ACCOUNTING@AONEINSAGENCY.COM**
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000648616**
Client Account Number	**L362192**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing	[redacted]	AVS Response	
Payment Amount	**$7,753.00**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	**A ONE INS**	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L36219 $89.22 3/11/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**070026**
Source	**Internet Payment**	Reference Number	
Date / Time	**Mar 11 2026 4:00PM**	Email	**INFO@AONEINSAGENCY.COM**
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000648617**
Client Account Number	**L362192**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing	[redacted]	AVS Response	
Payment Amount	**$89.22**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	[redacted]	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L36091 $12,020.00 3/17/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**076012**
Source	**Internet Payment**	Reference Number	
Date / Time	**Mar 17 2026 10:17AM**	Email	**accounting@aoneinsagency.com**
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1261**	Client User ID	
Client Name	**Commerce Insurance - Installment payment**	Transaction ID	**012610000648706**
Client Account Number	**L350918**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing	[redacted]	AVS Response	
Payment Amount	**$12,020.00**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**01261001**
Card Expiration		Fee Merchant ID	
Name on Bank Account	**a one ins**	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L34781 $21,679.00 6/7/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**160003**
Source	**Contact Center - 1125**	Reference Number	
Date / Time	**Jun 9 2026 11:01AM**	Email	**enrique@aoneinsagency.com**
Time Zone	**Eastern Time**	Zip Code	
Client ID	**1125**	Client User ID	
Client Name	**Commerce Insurance**	Transaction ID	**011250000233557**
Client Account Number	**L34781802301**	ANI	
Payment Account Type	**Checking** Network **Banking**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing	[redacted]	AVS Response	
Payment Amount	**$21,679.00**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**498755870884**
Card Expiration		Fee Merchant ID	
Name on Bank Account	**A One Insurance**	Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

L35464 $3,762.18 6/18/2026

Transaction Detail

Printer Friendly Page

Type	**Payment**	Confirmation Number	**074675**
Source	**Internet Payment**	Reference Number	
Date / Time	**Jun 17 2026 11:02AM**	Email	[redacted]
Time Zone	**Eastern Time**	Zip Code	**02339**
Client ID	**804**	Client User ID	
Client Name	**Commerce Insurance**	Transaction ID	**008040000009418**
Client Account Number	**L3546402770**	ANI	
Payment Account Type	**Visa** Network **Credit**	Last Name	
Payment Account Number	[redacted]	First Name	
Bank Routing		AVS Response	**Partial Match; Zip Code matches, address does not**
Payment Amount	**$3,762.18**	Decline Reason	
Fee Amount	**$0.00**	Payment Merchant ID	**498755480882**
Card Expiration	**052030**	Fee Merchant ID	
Name on Bank Account		Last Accessed By	
Additional Data			
Tax Amount		Customer Code	
eBill ID		eBill Due Date	
eBill Due Amount			

Brothers, Lynn

From: [redacted]
Sent: Wednesday, March 25, 2026 5:03 PM
To: [redacted]
Subject: RE: [redacted] L23672
Attachments: 119057_L23672_Email.pdf; RE [redacted] L23672; RE: [redacted] L23672

Thank you [redacted]!

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: [redacted]
Sent: Wednesday, March 25, 2026 9:19 AM
To: [redacted]
Subject: FW: [redacted] Inc: L23672

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

"Think MAPFRE when quoting M.O.R.S. - Mercantile. Office. Restaurant. Services."

Follow us on:

mapfre Insurance

From: [redacted]
Sent: Wednesday, November 26, 2025 3:42 PM
To: [redacted]
Subject: FW: [redacted]: L23672

FYI: Enrique submitted a request on 11.20.25 to add liability limits and remove physical damage on two vehicles and add the [redacted] with liability limits and no physical damage. His request was to add effective 11.30.25, however, the attached stamped RTA's show 11.20.25. I just sent my instructions to EXL through INFLOWS to process the request.

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Wednesday, November 26, 2025 3:29 PM
To: [redacted]
Subject: RE: [redacted] L23672

Caution: This message is from an external sender.

THANKS

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]
Sent: Wednesday, November 26, 2025 3:27 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: [redacted]: L23672

Hi Enrique

I'm sending your request to Services to process effective 11.20.25 per stamped RTA. The request will also be updated on the 2025 term effective 11.30.25. Please update your file.

Thanks!

[redacted]

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Wednesday, November 26, 2025 12:07 PM
To: [redacted]
Subject: RE: [redacted]: L23672

Caution: This message is from an external sender.

My apologies for the late response. The [redacted] is used by the shop to plow, parts pickup, and other misc. errands

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]
Sent: Wednesday, November 26, 2025 12:03 PM

To: Enrique Arce <enrique@aoneinsagency.com>
Subject: FW: [redacted]: L23672

Hi Enrique

Just following up on my email.

Thanks!

[redacted]

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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From: [redacted]
Sent: Tuesday, November 25, 2025 9:17 AM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: [redacted] L23672

Good Morning Enrique

Services is working on your request to add three vehicles with physical damage only. Both the [redacted] and [redacted] are already on the policy when the new business was bound. Please update your file.

As for the [redacted], this is a light truck. Can you confirm vehicle usage? Is the insured using the vehicle for trucking operations?

Thanks!

[redacted]

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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At MAPFRE we develop our business in a way that respects the environment, please do not print this email unless absolutely necessary.

From: Enrique Arce enrique@aoneinsagency.com
Sent on: Thursday, November 20, 2025 8:23:53 PM
To: clfax@mapfreusa.com
Subject: add 3 units - [redacted]

Please add the following units to [redacted] policy L23672 effective 11/30/25:

1. [redacted] CLASS CODE 23121, NO COMP OR COLLISION
2. [redacted] CLASS CODE 73910, NO COMP OR COLLISION
3. [redacted] CLASS CODE 23121. NO COMP OR COLLISION

Best Regards,

Enrique Arce

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

Brothers, Lynn

From: [redacted]@dot.state.ma.us>
Sent: Wednesday, November 26, 2025 3:06 PM
To: AUTO SERVICES UMS; [redacted] (DOT)
Cc: [redacted]
Subject: RE: [redacted]: L23672

Caution: This message is from an external sender.

Taxable Sales Price:_____ MA Sales Tax Paid:_____

J. Purchase Information

J1. Purchase Date:

J2. Is this vehicle being converted from another state with the
If Yes, answer questions J3-J5 below ☐ Yes ☐

J3. MA Resident at Time of Purchase? ☐ Yes ☐ No

J4. Was Mass Sales Tax Previously Paid? ☐ Yes ☐ No

J5. Proof of Tax or Letter of Delivery provided? ☐ Yes ☐

K. Insurance Information

K1. Insurance Company
COMMERCE INS CO

K2. Insurance Code
279

K3. Effective Date of Insurance **11/30/24**

K4. Self Insured? ☐ Yes ☒ No

K5. Policy Change Date **11/20/25**

The company signatory hereto hereby certifies that it has or will insure or guara
by the applicant herein before named with respect to the motor vehicle herein b
for a period at least coterminous with that of such registration under a motor ve
binder or bond which conforms to the provisions of general laws, Chapter 175,
that the premium charge and classification on the effective date of registration a
by the commissioner of insurance under Chapter 175, Section 113B, 113H and

Commerce Insurance Company
A - One Insurance Agency, Inc. #TSR
By: **ENRIQUE ARCE**

Insurance Company's Authorized Representative's Si

L. Seller Information

L1. Seller Name (Please Print)

L2. Address | Apt.# | City | State | Zip Code

M. Certification and Signature of Applicant(s)

Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that h
incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of th
The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for re
motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registrati
false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Sc
and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commissi
under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 [redacted] Date: 11/20/2

Signature: Owner/Lessee 2_____ Date:_____

TTLREG

[redacted]
IPM Insurance Policy Management Dept.
Atlas.IPM@dot.state.ma.us
[redacted]

From: AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>
Sent: Wednesday, November 26, 2025 3:04 PM

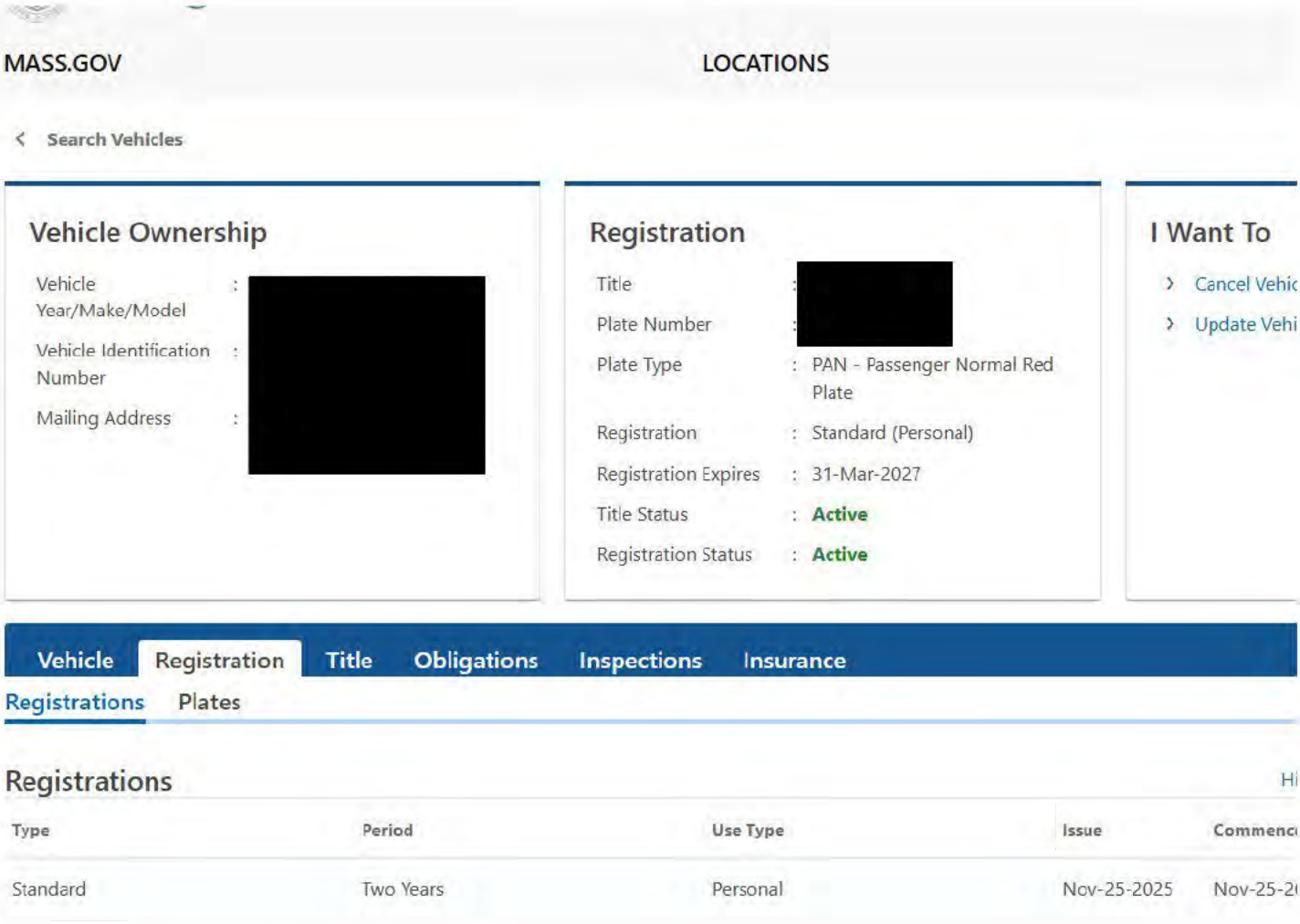
To: [redacted]@dot.state.ma.us>; [redacted]@dot.state.ma.us>
Cc: [redacted]
Subject: [redacted]: L23672

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

Please provide a copy of the stamped RTA for the below vehicle.

Thanks!



MASS.GOV LOCATIONS

Search Vehicles

Vehicle Ownership

Vehicle Year/Make/Model	:	[redacted]
Vehicle Identification Number	:	
Mailing Address	:	

Registration

Title	:	[redacted]
Plate Number	:	
Plate Type	:	PAN - Passenger Normal Red Plate
Registration	:	Standard (Personal)
Registration Expires	:	31-Mar-2027
Title Status	:	Active
Registration Status	:	Active

I Want To

- Cancel Vehic
- Update Vehi

Vehicle | Registration | Title | Obligations | Inspections | Insurance

Registrations | Plates

Registrations

Type	Period	Use Type	Issue	Commenc
Standard	Two Years	Personal	Nov-25-2025	Nov-25-2

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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Brothers, Lynn

From: [redacted]@dot.state.ma.us>
Sent: Wednesday, November 26, 2025 3:08 PM
To: AUTO SERVICES UMS; [redacted] (DOT)
Cc: [redacted]
Subject: RE: [redacted]: L23672

Caution: This message is from an external sender.

Y93123

J. Purchase Information

J1. Purchase Date:

J2. Is this vehicle being converted from another state with the s
If Yes, answer questions J3-J5 below ☐ Yes ☐ N

J3. MA Resident at Time of Purchase? ☐ Yes ☐ No

J4. Was Mass Sales Tax Previously Paid? ☐ Yes ☐ No

J5. Proof of Tax or Letter of Delivery provided? ☐ Yes ☐ N

K. Insurance Information

K1. Insurance Company
COMMERCE INS CO

K2. Insurance Code
279

K3. Effective Date of Insurance 11/30/24

K4. Self Insured? ☐ Yes ☒ No

K5. Policy Change Date 11/20/25

The company signatory hereto hereby certifies that it has or will insure or guarant
by the applicant herein before named with respect to the motor vehicle herein be
for a period at least coterminous with that of such registration under a motor vehi
binder or bond which conforms to the provisions of general laws, Chapter 175, Se
that the premium charge and classification on the effective date of registration ar
by the commissioner of insurance under Chapter 175, Section 113B, 113H and C

Commerce Insurance Company
A - One Insurance Agency, Inc. #T9R
By: ENRIQUE ARCE

279

Insurance Company's Authorized Representative's Sig

L. Seller Information

L1. Seller Name (Please Print)

L2. Address | Apt.# | City | State | Zip Code

M. Certification and Signature of Applicant(s)

Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that hav
incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the
The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for reg
motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registratio
false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Sec
and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commissio
under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 _____ Date: 11/20/

Signature: Owner/Lessee 2 _____ Date: _____

TTLREG1

Y93122

J. Purchase Information

J1. Purchase Date:

J2. Is this vehicle being converted from another state with th
If Yes, answer questions J3-J5 below ☐ Yes ☐

J3. MA Resident at Time of Purchase? ☐ Yes ☐ No

J4. Was Mass Sales Tax Previously Paid? ☐ Yes ☐ No

J5. Proof of Tax or Letter of Delivery provided? ☐ Yes ☐

K. Insurance Information

K1. Insurance Company
COMMERCE INS CO

K2. Insurance Code
279

K3. Effective Date of Insurance 11/30/24

K4. Self Insured? ☐ Yes ☒ No

K5. Policy Change Date 11/20/25

The company signatory hereto hereby certifies that it has or will insure or gua
by the applicant herein before named with respect to the motor vehicle herein
for a period at least coterminous with that of such registration under a motor v
binder or bond which conforms to the provisions of general laws, Chapter 175
that the premium charge and classification on the effective date of registration
by the commissioner of insurance under Chapter 175, Section 113B, 113H an

Commerce Insurance Company
A - One Insurance Agency, Inc. #T9R
By: ENRIQUE ARCE

Insurance Company's Authorized Representative's S

L. Seller Information

L1. Seller Name (Please Print)

L2. Address Apt.# City State Zip Code

M. Certification and Signature of Applicant(s)

Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that I
incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of t
The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for r
motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registrat
false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this S
and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commis
under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 _____ Date: 11/20/

Signature: Owner/Lessee 2 _____ Date: _____

TTLRE

[redacted]
IPM Insurance Policy Management Dept.
Atlas.IPM@dot.state.ma.us
[redacted]@dot.state.ma.us

From: AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>
Sent: Wednesday, November 26, 2025 3:05 PM
To: [redacted]@dot.state.ma.us>; [redacted]@dot.state.ma.us>
Cc: [redacted]@mapfreusa.com>
Subject: [redacted]: L23672

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Good afternoon,

I also need stamped RTA's for these two vehicles as well.

Results

[redacted]

Plate Type : CON - Commercial Plate
Plate Number : [redacted]
Primary Owner : [redacted]
VIN : [redacted]

Results

[redacted]

Plate Type : CON - Commercial Plate
Plate Number : [redacted]
Primary Owner : [redacted]
VIN : [redacted]

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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From: [redacted]
Sent: Wednesday, November 26, 2025 1:18 PM
To: AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>
Subject: [redacted] L23672

Please provide a copy of the stamped RTA for the below vehicle.

Thanks!

MASS.GOV LOCATIONS

< Search Vehicles

Vehicle Ownership

Vehicle Year/Make/Model : [redacted]

Vehicle Identification Number : [redacted]

Mailing Address : [redacted]

Registration

Title : BC

Plate Number : 5P

Plate Type : PA Pla

Registration : Sta

Registration Expires : 31

Title Status : Ac

Registration Status : Ac

Vehicle | Registration | Title | Obligations | Inspections | Insuranc

Registrations | Plates

Registrations

Type	Period	Use Type
Standard	Two Years	Personal

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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PREMIUM FINANCE AGREEMENT

Assigned To:

[redacted]

Date: 02-12-2026

INSUREDS NAME & ADDRESS	E-mail Address	PRODUCER & LENDER, NAME & ADDRESS	ETI ACCT. NO.
[redacted]	[redacted] PHONE [redacted]	A-ONE INSURANCE AGENCY, INC 1324 Belmont Street Brockton ,MA, 02301-0000	13923263 PRODUCER # 10927 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
	02-12-2026	02-12-2027	COMMERCE INSURANCE COMPANY	COMM. AUTO Earned Fees Unearned Fees		[redacted]

(Continued on - Schedule of Additional Policies) Broker/Agnt Fee $100.00

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

CASH PRICE (TOTAL PREMIUM(S))	(-) DOWN PAYMENT	(=) AMOUNT FINANCED amount of credit provide 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
[redacted]					

TOTAL SALES PRICE the total cost of your credit including your down payment (cash price + finance charge)

[redacted]

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 10 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:

Amount of each Payment	Number of Payments	When first Payment is Due
[redacted]	9	03-12-2026

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 [redacted] **Date** 02-12-2026

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 bonafide 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 _____ **Date** 02-12-2026

LENDER:

[redacted]

PREMIUM FINANCE AGREEMENT

☐ Personal ☑ Commercial ☐ Additional Premium

[redacted]

Quote #: 91574186

INSURED/BORROWER (Name and Address as shown on Policy)	Customer ID: N/A	**AGENT or BROKER** (Name and Business Address)
[redacted]		A-ONE INSURANCE AGENCY INC. 1324 Belmont Street, Suite 203 Brockton, MA 02301

LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	**Down Payment**	**Unpaid Balance**	**Documentary Stamp Tax** (only applicable in Florida)	**Amount Financed** (amount of credit provided on your behalf)	**FINANCE CHARGE** (dollar amount the credit will cost you)	**Total of Payments** (amount paid after making all scheduled payments)	**ANNUAL PERCENTAGE RATE** (cost of credit as a yearly rate)
[redacted]							

YOUR PAYMENT SCHEDULE WILL BE: ***Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000***

Number of Payments	Amount of Each Payment		
9	[redacted]	**First Installment Due**	2/19/2026
		Installment Due Dates	19th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

1. SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

2. FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the Financed Polices. The finance charge is computed using a 365-day calendar year.

3. LATE PAYMENT. For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of $10 or 5% of the delinquent installment.

4. PREPAYMENT. If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
L35091	C01535-COMMERCE INSURANCE COMPANY [CX:0] [90%PR]	AUTO	12	1/19/2026 ERN TXS/FEES FIN TXS/FEES Earned Broker Fee	[redacted]
				TOTAL	

Q# 91574186, PRN: 012026, CFG: 25/9-20/9, RT: A13879-IMM, DD: N/A, BM: ACH, Qtd For: A13879 Original, Memo 0

5. PROMISE TO PAY. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.

6. POWER OF ATTORNEY. INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.

7. SIGNATURE & ACKNOWLEDGEMENT. Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

[redacted]	1/20/2026		1/20/2026
Signature of Insured or Authorized Agent	Date	Signature of Agent	Date

Brothers, Lynn

From: [redacted]
Sent: Thursday, March 26, 2026 7:45 AM
To: [redacted]
Subject: FW: 105971170 - [redacted]
Attachments: 105971170 - [redacted].pdf

Stacy Marsh
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
P: 508.949.4763 E: stmarsh@mapfreusa.com

From: CSR <CSR@[redacted].com>
Sent: Tuesday, March 17, 2026 1:35 PM
To: [redacted]@mapfreusa.com>
Subject: 105971170 - [redacted] AND 106161805 - [redacted]

Caution: This message is from an external sender.

Good Day,

Thank you for contacting [redacted]

Per your request, attached is a copy of the SIGNED PREMIUM FINANCE AGREEMENT AND LOAN HISTORY REPORT.

INSURED - DID YOU KNOW? *Notices can be found on our website. Please visit www.firstinsurancefunding.com and log into your loan. If this is your first time logging into your loan*

*please refer to your "**Notice of Acceptance"** letter for your temporary password. Please note that the temporary password contains a special character at the end. This special character is necessary in order to log into your loan.*

***FORGOT PASSWORD** - Please click on **"Forgot Password"** and a new link will be sent to the email address on the loan if applicable.-*

***PLEASE NOTE -** Customer service is unable to send you a link or reset your password.*

If there are any other questions or you need immediate assistance, please contact [redacted]

Thank you,

[redacted]
Customer Service Representative
[redacted]

Brothers, Lynn

From: [redacted]
Sent: Wednesday, March 18, 2026 10:40 AM
To: [redacted]
Subject: RE: [redacted] L17798 02/22/2026

Thank you [redacted]

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: [redacted]
Sent: Wednesday, March 18, 2026 9:25 AM
To: [redacted]
Subject: RE: [redacted] L17798 02/22/2026

Rpn plates, 1[redacted] is the master registration this covers all 9 plates

REGISTRY OF MOTOR VEHICLES

Registration

Fees: REG [redacted] PLATE SPECIAL TOTAL	___NEW REGISTRATION ___AMEND REGISTRATION X RENEW REGISTRATION ___REQUEST ADDITIONAL PLATI	
NAME(S) OF OWNER(S) AND MAILING ADDRESS [redacted]	PLATE TYPE Repair Normal	REGISTRATION NUMBER [redacted]
	DEALER CLASS	TYPE BUSINESS Repair
BUSINESS ADDRESS [redacted]	OWNER Corporation	NO. OF PLATES 9
INSURANCE CERTIFICATION The Company Signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant hereinbefore named with respect to the business and the number of plates hereinbefore described under a motor vehicle liability policy, binder, or bond which conforms to General Laws, Chapter 175, Section 113A, and that the premium charge on the effective date of registration is or will be of the rate fixed and established by the Commissioner of Insurance for the classification under Chapter 175, Section 113B.	THE COMMERCE INSURANCE COMPANY A - ONE INSURANCE AGENCY, INC. COMPANY #0YQ 279 10/16/25 By AGENT DATE ISSUED INSURANCE CO'S AUTHORIZED REPRESENTATIVE'S SIGNATURE	PASSED

If individual or partners - print name, home address and telephone number:

Name _____ Phone _____

_____

Street City State Zip Code

Section 5

Account Name	:	[redacted]
Account Type	:	Section 5 Repair
Commence	:	31-May-2024

Bus

Cust

Insurance Plates

Plates

Plate ID	Type	Issue
[redacted]	RPN - Repair Normal Plate	Oct-24-20

RE: [redacted] L17798 02/22/2026

AS AUTO SERVICES UMS
To [redacted] AUTO SERVICES UMS

Hi [redacted]

The plate #'s that you provided are for Section 5 Plates. There are no specific vins attached to Section 5/ F

mapfre Insurance

[redacted]
Policy Services Rep Sr, IPM Team
Insurance Operations
11 Gore Road
Webster, MA 01570
[redacted]

Thank You!

[redacted]
Commercial Lines Underwriter II
Car Team
11 Gore Road
Webster, MA 01570
[redacted] [redacted]

"Think MAPFRE when quoting M.O.R.S. – Mercantile. Office. Restaurant. Services."

Follow us on:

From: [redacted]
Sent: Tuesday, March 17, 2026 1:03 PM
To: [redacted]
Cc: [redacted]
Subject: FW: [redacted] L17798 02/22/2026

Hi [redacted]

Did you ever receive the RTA's for all the hightlighted plates and trailer below? If so please forward me copies of same.

Thank you!

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: [redacted]
Sent: Friday, February 13, 2026 11:00 AM
To: [redacted]
Subject: RE: [redacted] L17798 02/22/2026

Please request all RTA's needed directly from our UMS department so they can provide you with same.

[redacted]
[redacted] Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: [redacted]
Sent: Wednesday, February 11, 2026 8:17 AM
To: [redacted]
Subject: FW: [redacted] L17798 02/22/2026

Good morning ladies,

I am going to need help with this one. So he has not provided stamped RTA's as I requested & has not answered most of the questions below.

[redacted]
Commercial Lines Underwriter II
Car Team
11 Gore Road
Webster, MA 01570
[redacted]

"Think MAPFRE when quoting M.O.R.S. – Mercantile. Office. Restaurant. Services."

Follow us on:

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Thursday, February 05, 2026 12:18 PM
To: [redacted]
Subject: RE: [redacted] L17798 02/22/2026

Caution: This message is from an external sender.

In response to you many questions.

Delete V19, repair plate [redacted] eff 10/22/2025

Delete the following per cancelled registration:

V3, 01/06/2025 – [redacted]
V5, 06/30/2025 – [redacted]
V7, 02/05/2026 – [redacted]
V13, 06/03/2025 – [redacted]
V14, 02/05/2026 – [redacted]
V15, 02/05/2026 – [redacted]
V25, 02/05/2026 – [redacted]

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]
Sent: Wednesday, January 14, 2026 4:07 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: [redacted] L17798 02/22/2026
Importance: High

Good Afternoon,
In addition to the updated drivers list & vehicle schedule please provide questions to the following:
There are 5 plates listed in the registry never added to the policy: Please provide the stamped RTA's for the following:

[redacted] should be added effective 5/19/25
[redacted] added effective 10/24/25
[redacted] added effective 9/15/25.

There is one repair plate [redacted] that should be removed from the policy, plate ceased 10/22/25 in registry.

There also appears to be 3 veh/trailers that are still listed on policy with Liability only but plates have been cancelled. There is also 1 trailer with an EXP plate since 11/30/24 and there is also an active trailer effective 4/18/25 that was never added to our policy but I believe should have been?

VEH 3 [redacted] cancelled 1/6/25. Is this used with [redacted] plate? Should this be removed effective 1/7/25?

VEH 5 [redacted] cancelled 6/3/25, VEH 13 [redacted] cancelled 6/3/25 & VEH 14 [redacted] expired 11/30/24. Should these be removed or are they registered oos?

There is an active plate plate in reg but not listed on policy, vin [redacted] Need copy of RTA to be added effective RTA stamp date.

Please see attached word document outlining of these vehicles along with dates they should be removed and or added.

Please advise as soon as possible so we can make these corrections/additions/deletions prior to renewing the policy.

Thanks,

[redacted]
Commercial Lines Underwriter II
Car Team
11 Gore Road
Webster, MA 01570
[redacted] [redacted]

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Follow us on:

Brothers, Lynn

From: [redacted]
Sent: Wednesday, March 18, 2026 7:51 AM
To: Marsh, Stacy
Subject: FW: [redacted] L30431 Stamped RTA for [redacted]
Attachments: 131257.pdf

Importance: High

See attached which was submitted to clfax on 3.5.26 requesting to add the [redacted] effective 12.5.25.

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
[redacted] Street, Webster, Ma 01570
[redacted]

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mapfre Insurance®

From: [redacted]@dot.state.ma.us>
Sent: Tuesday, March 17, 2026 8:28 AM
To: [redacted]@mapfreusa.com>; AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>; RMV Atlas IPM <AtlasIPM@dot.state.ma.us>; [redacted]@dot.state.ma.us>
Subject: RE: [redacted] L30431 Stamped RTA for [redacted]

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Current registration

REGISTRY OF MOTOR VEHICLES

Registration and Title Applica

A. Service Type

Select the transaction to be performed.
Provide the plate number below if applicable.

Plate Type	Plate Number
[redacted]	

Transactions/Amendments in **bold** require an insurance stamp.

Italicized transactions may require an insurance stamp.

Transactions with * require plate type and number above.

I want to:

- ☐ **Register and title a vehicle**
- ☐ **Transfer plate to a new vehicle***
- ☒ *Reinstate a registration**
- ☐ Apply for a salvage title
- ☐ Apply for a title only
- ☐ **Apply for a registration only**
- ☐ **Transfer a plate between two vehicles***
- ☐ **Register previously titled vehicle**
- ☐ Title previously registered vehicle*
- ☐ **Transfer vehicle to surviving spouse***
- ☐ **Apply for a non-residen**
- ☐ *Change plate on existing*
- ☒ *Renew a registration**
- ☐ *Amend a registration**

Select the information to be
Enter new information in the

- ☐ Registration Type (B 3.)
- ☐ Color (B 4.)
- ☐ Fuel Type (B 8.)
- ☐ Total Gross Weight (B 12
- ☐ **Name** (D or F)
- ☐ **VIN** (B 1.) *For vehicles w*

B. Vehicle Information

B1. Vehicle Identification Number (VIN) [redacted]

B2. E
B

B3. Registration Type: ☐ Passenger ☐ Commercial ☒ Bus ☐ Livery ☐ Camper ☐ Trailer ☐ Taxi ☐ Motorcycle ☐ Semi-Trailer ☐ Other: _____

B4. Color(s): ☐ Black ☐ White ☐ Brown ☐ Purple ☐ Green ☐ Orange

J. Purchase Information | J1. Purchase Date: | J2. Is this vehicle being converted from another ☐ *If Yes, answer questions J3-J5 below*

J3. MA Resident at Time of Purchase? ☐ Yes ☐ No | J4. Was Mass Sales Tax Previously Paid? ☐ Yes ☐ No | J5. Proof of Tax or Letter of Delivery provided? ☐

K. Insurance Information

K1. Insurance Company: COMMERCE INS CO

K2. Insurance Code: 279

K3. Effective Date of Insurance: 06/01/25

K4. Self Insured? ☐ Yes ☐ No

K5. Policy Change Date: 12/05/25

The company signatory hereto hereby certifies that it has or w by the applicant herein before named with respect to the motor for a period at least coterminous with that of such registration binder or bond which conforms to the provisions of general law that the premium charge and classification on the effective dat by the commissioner of insurance under Chapter 175, Section

Commerce Insurance Co
A - One Insurance Agency, Inc
By: ENRIQUE ARCE

Insurance Company's Authorized Repres

L. Seller Information

L1. Seller Name (Please Print)

L2. Address | Apt.# | City | State | Zi

M. Certification and Signature of Applicant(s) | Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in app motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provi and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 [redacted] Date:

Signature: Owner/Lessee 2 _____ Date:

[redacted]
IPM Insurance Policy Management Dept.
Atlas.IPM@do[redacted]
[redacted]@dot.state.ma.us
857-368-9770

From: [redacted]@mapfreusa.com>
Sent: Tuesday, March 17, 2026 6:42 AM
To: AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>; [redacted]
[redacted]@dot.state.ma.us>
Subject: RE: [redacted]: L30431 Stamped RTA [redacted]

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Good Morning

Just looking for an update on the stamped RTA.

Thanks!

[redacted]

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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From: AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>
Sent: Friday, March 13, 2026 9:53 AM
To: [redacted]@dot.state.ma.us>
Cc: [redacted]@mapfreusa.com>
Subject: [redacted] L30431 Stamped RTA for [redacted]

Thanks, [redacted]

From: [redacted]@mapfreusa.com>
Sent: Friday, March 13, 2026 8:22 AM
To: AUTO SERVICES UMS <AutoServicesUMS@mapfreusa.com>
Subject: [redacted] L30431

Good Morning

Please provide a copy of the stamped RTA for the below vehicle.

Thanks!

[redacted]

< Search Vehicles

Vehicle Ownership

Vehicle Year/Make/Model	:	[redacted]
Vehicle Identification Number	:	[redacted]
Mailing Address	:	[redacted]
Garage Address	:	[redacted]

Registration

Title	:	CG7
Plate Number	:	14A
Plate Type	:	BUN
Registration	:	Star
Registration Expires	:	30-.
Title Status	:	Act
Registration Status	:	Act

Vehicle | Registration | Title | Obligations | Inspections | Insurance

Registrations | Plates

Plates

Plate ID	Type
[redacted]	BUN - Bus Normal Plate

[redacted]
Commercial Lines Renewal Underwriter Team Lead
Commercial Lines Underwriting
Mapfre Insurance
211 Main Street, Webster, Ma 01570
[redacted]

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From: info@aoneinsagency.com
Sent on: Thursday, March 5, 2026 2:50:10 PM
To: COMMERCIAL LINES AGENCY FAX <clfax@commerceinsurance.com>
Subject: add vehicle - L30431 [redacted]

Caution: This message is from an external sender.

Caution: This message is from an external sender.

Please add the following unit effective 12/05/2026 on behalf of [redacted] policy L30431

[redacted]comp & collision deductible.

A One Service Team

Phone: o. (508) 659-5969
f. (508) 231-5347
Email: info@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]
Sent: Thursday, March 5, 2026 9:24 AM
To: Info@aoneinsagency.com
Cc: [redacted]
Subject: Request for RTA - Re-instating Registration on [redacted]

Hi Enrique,

Sorry to put in another rush order, but if you could **ASAP** get me an RTA for [redacted] requesting to reinstate the plate [redacted] You can leave the mileage blank.

Thank you!
[redacted]

[redacted]

Brothers, Lynn

From: Matt Corcoran <matt@aoneinsagency.com>
Sent: Friday, December 19, 2025 5:45 PM
To: [redacted]; Enrique Arce
Subject: RE: A-One Agency - T9R / [redacted] - Q1000277820 / L34068

Caution: This message is from an external sender.

Understood. I will check for EP every time before going forward.

Sincerely,
Matt Corcoran

A ONE INSURANCE AGENCY INC
1324 Belmont Street, Suite 203
Brockton, MA 02301

Cell: 774-452-9504
Cell: 888-837-4449
Phone: 508-659-5969
Fax: 508-231-5347

From: [redacted]@mapfreusa.com>
Sent: Friday, December 19, 2025 4:38 PM
To: Matt Corcoran <matt@aoneinsagency.com>; Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: A-One Agency - T9R / [redacted] Q1000277820 / L34068

Prior to submitting any quote/risk an agency is required to validate any monies owed within last 24 months. The prior monies owed question on this insured's quote was check off "no" which is misrepresentation as MA registry did confirm prior monies owed. As an agency these issues should be cleared up and addressed prior to submitting quotes for review and all underwriting questions should be completed accurately. A policy doesn't have to be bound and issued nor do RTA's need to be stamped for CAR Rules to apply. The agency consistently submits incomplete & inaccurate quote submissions which again is considered failure to meet your ERP Contract requirements.

Thank you,

[redacted]

Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

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From: Matt Corcoran <matt@aoneinsagency.com>
Sent: Friday, December 19, 2025 3:54 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Cc: [redacted]@mapfreusa.com>
Subject: RE: A-One Agency - T9R / [redacted] - Q1000277820 / L34068

Caution: This message is from an external sender.

Stacy,
Nothing was bound. No RTAs were given out. How am I supposed to get a reviewed quote if I don't make a submission ? If I intended on binding or gave out RTAs then I would understand.

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Friday, December 19, 2025 10:39 AM
To: Matt Corcoran <matt@aoneinsagency.com>
Subject: Fw: A-One Agency - T9R / [redacted] - Q1000277820 / L34068

Did u collect or have insured post past outstanding insurance payments. [redacted] did it again with submitting a CAR violation.

Where are you with this.

Enrique

Sent from my T-Mobile 5G Device
Get Outlook for Android

From: [redacted]@mapfreusa.com>
Sent: Friday, December 19, 2025 7:56:51 AM
To: Enrique Arce <enrique@aoneinsagency.com>
Cc: [redacted]@mapfreusa.com>; [redacted]@mapfreusa.com>; C[redacted]@mapfreusa.com>; [redacted]@mapfreusa.com>; [redacted]@mapfreusa.com>
Subject: A-One Agency - T9R / [redacted] Q1000277820 / L34068

Hi Enrique,

Your agency submitted the above mentioned insured new business quote/risk but failed to validate, collect & remit outstanding balances owed to prior carriers for policies that both cancelled within last 24 months as required per CAR Rules.

Since your agency has failed to meet your ERP Contract Requirements we are issuing CAR violations on this risk for the following: Rules of Operation **CAR Rule 14 B. 1. g.** - Verify that the applicant has not been in default in the payment of any Motor Vehicle Insurance premiums in the past 24 months, **CAR Rule 14. B. 1. b.** Collect, process and remit premium due to a Servicing Carrier in accordance with the provisions of the Rules of Operation and **CAR 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.

Note, this has occurred after the warning letter was dated 10/7/2025. Please note, these violations could result in future actions related to your Limited Servicing Carrier appointment.

Thank you,

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

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whatever reason, please let us know by replying to this message and then destroying or deleting it. In any event, you must refrain from using, reproducing, altering, storing or forwarding this message and any attached files to a third party, or you will incur legal liability.

From: Matt Corcoran <matt@aoneinsagency.com>
Sent: Thursday, December 11, 2025 10:29 AM
To: [redacted]@mapfreusa.com>
Cc: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000277820

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I will begin looking for UNPAID EP in the RMV first. For example, yesterday [redacted] again wanted me to begin the binding process for him. I checked to see if he had the Eps removed from the RMV, and they were not. I told him again that I would not move forward at all until those were removed, so I get the point, and I will try to do this as step # 1 next time.

Thanks.

Sincerely,
Matt Corcoran

A ONE INSURANCE AGENCY INC
1324 Belmont Street, Suite 203
Brockton, MA 02301

Cell: 774-452-9504
Cell: 888-837-4449
Phone: 508-659-5969
Fax: 508-231-5347

From: [redacted]@mapfreusa.com>
Sent: Thursday, December 11, 2025 9:34 AM
To: Matt Corcoran <matt@aoneinsagency.com>
Cc: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000277820

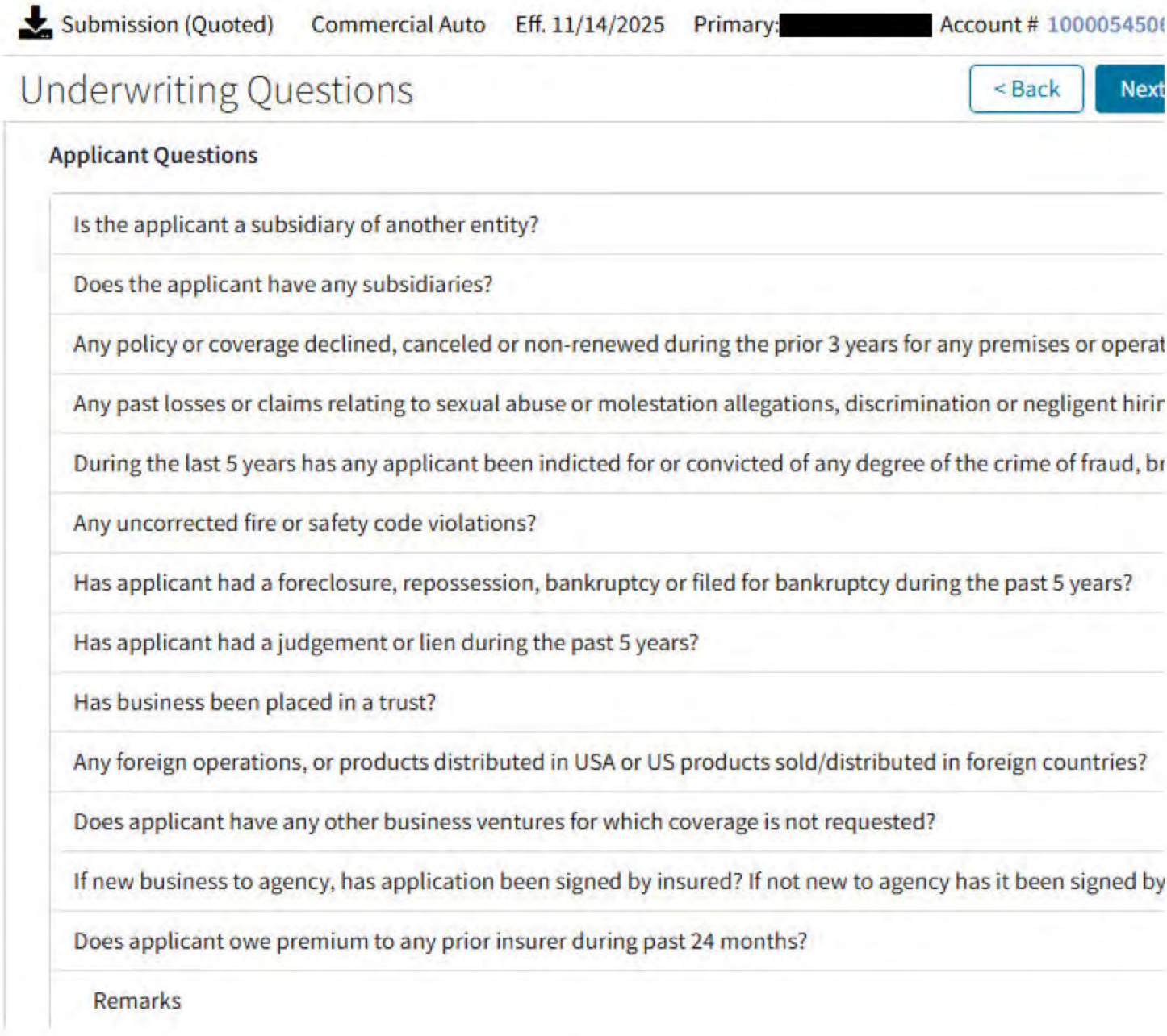
Hi Matt,

This quote has been opened for almost 1 month. You should only be submitting quotes for **underwriting review** for applicants that have provided you with a complete & accurate submission and are actually looking to move forward with binding upon the underwriting submission being reviewed. Complete

submission includes all necessary underwriting documents for me to properly evaluate the risk which does also include the agency verifying & collecting any unearned premium for prior balances owed within last 24 months. Per below, your application submitted through the system states "No" for the question "Does applicant owe premium to any prior insurer during past 24 months?" **which is a violation for CAR Rule 14 B.1.g. Verify that the applicant has not been in default in the payment of any Motor Vehicle Insurance premiums in the past 24 months and also CAR Rule 14 B.1.b. Collect, process and remit premium due a Servicing Carrier in accordance with the provisions of the Rules of Operation.**

At this time, I will be closing out my quote file. If the insured decides he is ready to move forward with a quote that he is looking to bind then you can just email me advising of same and I can re-open the quote file at that time. You will NOT have to re-input it into the system if you just email me requesting for it to be re-opened. At that time, all prior balances should already be paid in full etc.

Thank you,



[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

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From: Matt Corcoran <matt@aoneinsagency.com>
Sent: Wednesday, December 10, 2025 9:13 PM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000277820

Caution: This message is from an external sender.

The insured's business is in limbo. I would prefer if you could keep it open a little longer. Please advise.

Sincerely,
Matt Corcoran

A ONE INSURANCE AGENCY INC
1324 Belmont Street, Suite 203
Brockton, MA 02301

_____
Cell: 774-452-9504
Cell: 888-837-4449
Phone: 508-659-5969
Fax: 508-231-5347

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From: [redacted]@mapfreusa.com>
Sent: Wednesday, December 10, 2025 4:34 PM
To: Matt Corcoran <matt@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000277820

Hi Matt,

Following up on this quote – I confirmed in MA registry that both prior owned personal lines balances still have not yet been paid. Please advise on status of same or advise if you are no longer requesting a quote so I can close my file out.

Thank you,

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

Follow us on:

MAPFRE | INSURANCE

At MAPFRE we develop our business in a way that respects the environment, please do not print this email unless absolutely necessary.

From: [redacted]
Sent: Friday, November 14, 2025 2:35 PM
To: 'Matt Corcoran' <matt@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000277820

Hi Matt – I will use Boston for garaging until we can confirm actual garaging. What about the monies owed for the prior policies noted below? Please send me confirmation that they have been paid in full.

Thank you,

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

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At MAPFRE we develop our business in a way that respects the environment, please do not print this email unless absolutely necessary.

From: Matt Corcoran <matt@aoneinsagency.com>
Sent: Friday, November 14, 2025 2:15 PM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000277820

Caution: This message is from an external sender.

[redacted], **my replies..**

1) Who will the insured be working for/contracted with?
   a. Amazon mainly, but also others.
2) What will he be hauling/transporting?
   a. Consumer Goods (very general, Amazon type stuff)
3) Where does the insured plan on traveling to? What states and what is furthest state/city they plan to regularly operate to?
   a. Farthest would be Hawaii (just kidding), Los Angelos is not out of bounds.. this is a new venture so this is what he said.
4) Where in [redacted] is the vehicle being garaged? Address is a single family home not owned by our insured but possibly a family member. Please advise & provide proof of garaging.
   a. I will demand a parking lease prior to binding (I promise). He doesn't even have the vehicle registered yet, so no parking lease exists yet. He says it will be [redacted].
5) You are quoting this risk as Bobtail/Non-Trucking however, you noted federal filing needed?

a. That was an error on my part. He will NOT need a federal filing.

6) I was not able to find a DOT or MC # for this insured so can you advise if he actually has same? Generally these insured's requesting Bobtail/NT coverage do NOT have their own authority and are working as owner operators under someone else's authority. Please advise.

a. That was an error on my part. He will NOT need a federal filing.

Sincerely,
Matt Corcoran

A ONE INSURANCE AGENCY INC
1324 Belmont Street, Suite 203
Brockton, MA 02301

Cell: 774-452-9504
Cell: 888-837-4449
Phone: 508-659-5969
Fax: 508-231-5347

From: [redacted]@mapfreusa.com>
Sent: Friday, November 14, 2025 12:55 PM
To: Matt Corcoran <matt@aoneinsagency.com>
Subject: NB quote for [redacted] / Q1000277820

Hi Matt,

I am reviewing this risk now and need the following add'l info:

1. Who will the insured be working for/contracted with?
2. What will he be hauling/transporting?
3. Where does the insured plan on traveling to? What states and what is furthest state/city they plan to regularly operate to?
4. Where in [redacted] is the vehicle being garaged? Address is a single family home not owned by our insd but possibly a family member. Please advise & provide proof of garaging.
5. You are quoting this risk as Bobtail/Non-Trucking however, you noted federal filing needed? I was not able to find a DOT or MC # for this insured so can you advise if he actually has same? Generally these insured's requesting Bobtail/NT coverage do NOT have their own authority and are working as owner operators under someone else's authority. Please advise.

Also, per MA registry this insured appears to still owe EP of $670 and $548 for prior cancelled policies with Foremost Insurance Company as noted below. We must receive proof that these balanced were both collected and paid in full prior to me releasing a quote for this insured.

Thank you,

Insurance Policies

Policy Number	Policy Holder	Company Code	Policy Type	Term Effective
4100G01392106000	[redacted]	989	Personal	Dec-27-2023
4100G01594153400	[redacted]	989	Personal	Feb-26-2025

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

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Brothers, Lynn

From: [redacted]
Sent: Tuesday, March 24, 2026 6:37 PM
To: Enrique Arce
Subject: Follow up for additional docs - [redacted] #L36219
Attachments: 6b303b16-8770-4e1c-a7a2-6a36624b7267..PDF

Hi Enrique,

Following up on this policy as I am still awaiting the **corrected vehicle lease agreement** and **signed Car Operator Exclusion form for** [redacted]**.**

Thank you,

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Wednesday, February 18, 2026 4:29 PM
To: [redacted]
Subject: RE: Additional docs - [redacted] #L36219

Caution: This message is from an external sender.

I did not get to this today. I will have it to you tomorrow.

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted] >
Sent: Friday, February 13, 2026 3:39 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: Additional docs - [redacted] #L36219

Hi Enrique – I believe you have the Lessor and Lessee info mixed up on the agreement and it must at least confirm that its being leased for at least 6 month, 1 year or more directly indicated on the lease.

Also – you once again provided the incorrect Operator Exclusion form. This is a CAR policy so we must receive the signed **CAR** Operator Exclusion form CR 99 01 which I have attached for you above. The one you sent is a voluntary form which cannot be used on a CAR policy.

Thank you,

mapfre Insurance®

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Friday, February 13, 2026 12:48 PM
To: [redacted]mapfreusa.com>
Subject: Additional docs - [redacted] #L36219

Caution: This message is from an external sender.

Additional docs attached.

Best Regards,

Enrique Arce

ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]@mapfreusa.com>
Sent: Friday, February 13, 2026 8:37 AM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: DOT Filing - [redacted] #L36219

Hi Enrique,

Filing has been processed for this insured. They will have 30 days to activate it otherwise we would need to cancel our filing and remove the MCS90 from the policy.

On another note I am still waiting for the **signed CAR Operator Exclusion form for Owner/D2** [redacted] and the **fully completed/fully executed finalized long-term vehicle lease agreement** for the vehicle/van. The vehicle lease agreement must be fully completed and specify both Lessee and Lessor as well the lease term to support long term leased.

Thank you,

VEHICLE LEASE AGREEMENT

This agreement is entered into this day [Insert Date] and shall remain in full force and effect through [Insert Date] between [Insert Name of Lessee] ("Lessee"), of [Insert Address of Lessee] and [Insert Name of Lessor] ("Lessor"), of [Insert Address of Lessor], organized and existing under the laws of the State of [Insert State]. The following terms and conditions shall apply for the length of the lease.

1. RECITALS

WHEREAS, the Lessor is the registered owner of the Vehicle,

---

mapfre Insurance®

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Thursday, February 12, 2026 4:05 PM
To: [redacted]@mapfreusa.com>
Subject: DOT Filing - [redacted] #L36219

Caution: This message is from an external sender.

Can you please see if the DOT 4447961 filing has been completed.

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: Enrique Arce
Sent: Thursday, February 12, 2026 8:55 AM
To: [redacted]@mapfreusa.com>
Subject: CAR forms - [redacted] Policy #L36219

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: Enrique Arce enrique@aoneinsagency.com
Sent: Thursday, February 12, 2026 8:48 AM
To: [redacted]@mapfreusa.com
Subject: RE: NB quote for [redacted] / Q1000294858 / Policy #L36219 - approved with changes

Caution: This message is from an external sender.

I reiterated the lienholder requirement and they still requested the removal of the phys dam. They said they will add it back on later. They said they did not have enough for the DP because they have not been able to work.

Thanks

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]@mapfreusa.com>
Sent: Thursday, February 12, 2026 7:36 AM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000294858 / Policy #L36219 - approved with changes

I went ahead & reapproved it with phys damage but doesn't he have a Leinholder on this vehicle which would require them to have phys dam coverage?

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Wednesday, February 11, 2026 5:07 PM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000294858 / Policy #L36219 - approved with changes

Caution: This message is from an external sender.

Can you review the quote. Insured requested to remove Comp and Collision at this time. I did the change on the portal.

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]h@mapfreusa.com>
Sent: Wednesday, February 11, 2026 3:21 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000294858 / Policy #L36219 - approved with changes

Thank you – Please do not stamp any RTA's until we have actually reviewed and approved your quotes just in case there are any issues or by chance we have to decline a risk/quote and to also avoid CAR Violations for not having coverage actually bound within the allowable timeframe per CAR Rules.

I went ahead and amended the Named Insured to reflect the business name of [redacted] to match the FMCSA as requested, amended the vehicle to reflect being Long-Term Leased, amended vehicle owner to reflect [redacted] and I also listed him as the vehicle AI/Lessor and listed [redacted] as the vehicle Leinholder per the RTA you attached. [redacted] was added as an EXCLUDED driver since he does NOT have an active MA license and we also listed other officer-[redacted] as a driver per your request but noted that she does not drive vehicle. Truckers Endorsement CA2320 also added as not covered and class code was amended to 03321 to reflect long haul since same was higher rated than intermediate and no proof of rating territory at this time per CAR Rule.

Risk has been approved with annual CAR quote premium of $11,464 per attached. Ok to bind & issue policy when ready. Binding is subject to 100% down payment or proof of 100% Financing since prior policy cancelled for non-payment, copy of fully completed/fully executed long-term vehicle lease agreement, signed CAR Operator Exclusion form for owner/D2-[redacted] and receipt of all applicable signed CAR forms attached above. Please let me know once policy is bound so I can process the insured's FMCSA filing.

Payment options:
Full Pay - 100% down payment or proof of 100% Financing
NO EFT OPTION FOR CAR/CEDED POLICIES

Thank you!

As your limited Servicing carrier, the following forms are required as part of the new business application:

- **General Risk Information Supplement**
- **Principal Place of Business Certification**
- **Truckers Addendum**

These forms need to be submitted within 48 hours of binding the policy. If the policy is already bound, please forward these completed documents to clfax@mapfreusa.com**.**

Please be advised that the failure to supply the required forms will result in the issuance of a legal notice of cancellation

[redacted]
Senior Commercial Lines Underwriter

Commercial Lines Underwriting
MAPFRE Insurance
211 Main Street
Webster, MA 01570
[redacted]

Follow us on:

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From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Wednesday, February 11, 2026 2:39 PM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000294858

Caution: This message is from an external sender.

1 Insured is using the online load boards to book through
2 Hauling general freight to includes furniture, retail merchandise, packages
3 majority of the time warehouse to warehouse, some furniture will be delivered to customers.
4 insured indicated radius within 500 miles
5 Veh was stamped 2/4/26
6 [redacted] reg has been cancelled.

Best Regards,

Enrique Arce

A-ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

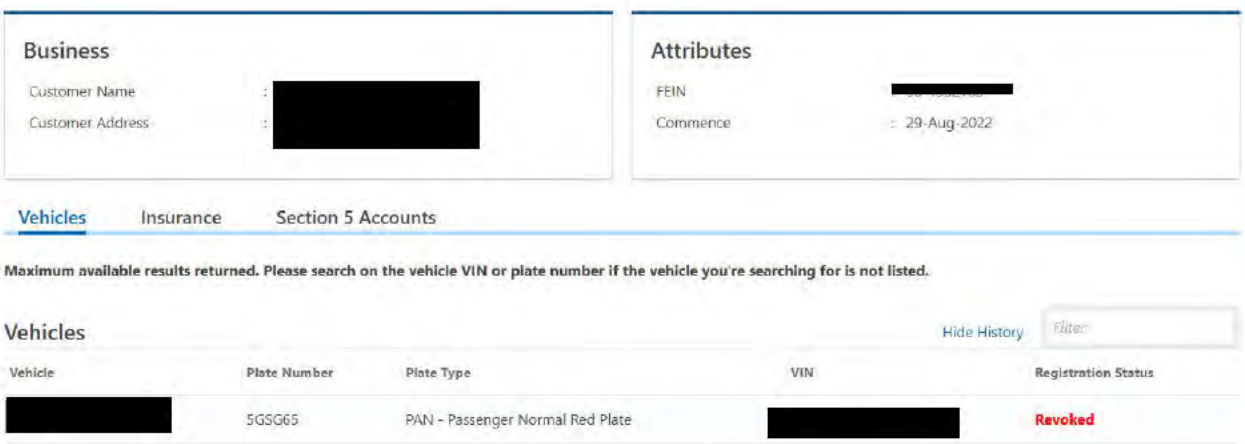
From: [redacted]@mapfreusa.com>
Sent: Wednesday, February 11, 2026 12:57 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000294858

Hi Enrique – I am working on this one now and need the following:

1) Who is the insured working for/contracted with?
2) What exactly are they hauling/delivering?
3) Are they going warehouse to warehouse, customer homes etc?
4) Where will insured be operating? What states and what is furthest city/state they will operate to?
5) Did your agency already stamp RTA for this [redacted]? It already has an active plate but no ins info showing. Please send me copy of RTA if your agency stamped same.

Also – business name per MA reg currently has a REVOKED plate for a [redacted] that technically has not yet been cancelled - what is the insured's plan for this veh/plate?? He will need to cancel plate asap if he is not planning on reinstating this vehicle and obtaining coverage for it.

Thank you,



Business

Customer Name : [redacted]
Customer Address : [redacted]

Attributes

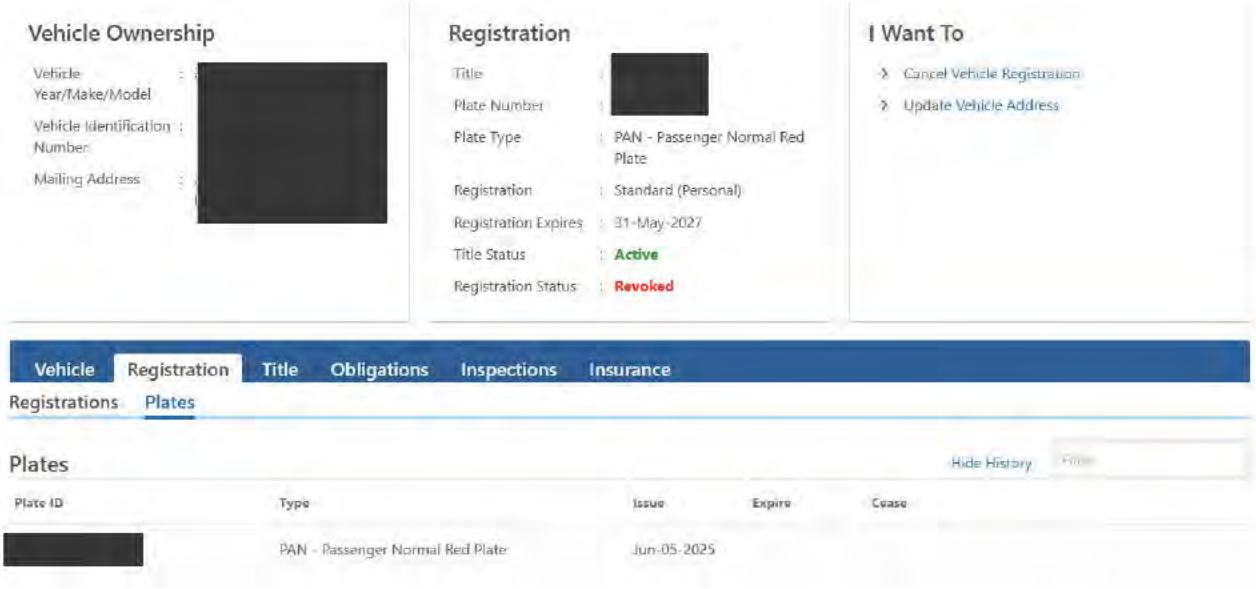
FEIN [redacted]
Commence : 29-Aug-2022

Vehicles | Insurance | Section 5 Accounts

Maximum available results returned. Please search on the vehicle VIN or plate number if the vehicle you're searching for is not listed.

Vehicles — Hide History — Filter

Vehicle	Plate Number	Plate Type	VIN	Registration Status
[redacted]	5GSG65	PAN - Passenger Normal Red Plate	[redacted]	Revoked



Vehicle Ownership

Vehicle Year/Make/Model : [redacted]

Vehicle Identification Number :

Mailing Address :

Registration

Title : [redacted]

Plate Number :

Plate Type : PAN - Passenger Normal Red Plate

Registration : Standard (Personal)

Registration Expires : 31-May-2027

Title Status : Active

Registration Status : Revoked

I Want To

- Cancel Vehicle Registration
- Update Vehicle Address

Vehicle | Registration | Title | Obligations | Inspections | Insurance

Registrations | Plates

Plates

Hide History

Plate ID	Type	Issue	Expire	Cease
[redacted]	PAN - Passenger Normal Red Plate	Jun-05-2025		

mapfre Insurance®

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Tuesday, February 10, 2026 8:05 PM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000294858

Caution: This message is from an external sender.

See attached pics of the lease agreement. They will be sending the lease in a pdf format later.
Please add [redacted] as a driver. She will never driver the truck. DOB [redacted]
50/50 with [redacted]. [redacted] 0%

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]@mapfreusa.com>
Sent: Tuesday, February 10, 2026 11:23 AM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: RE: NB quote for [redacted] / Q1000294858

No you do not – please send me a copy of the vehicle/equipment lease agreement between [redacted] so I can review it first. President of co is [redacted] and VP of Co is [redacted] so he will need to be listed as EXCLUDED. There is also another officer – [redacted] who will need to be listed or excluded as well so please provide me with their license/DOB info as well. Also what is the percentage of ownership between the 3 officers?

[redacted]

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	[redacted]	
TREASURER		
SECRETARY		
VICE PRESIDENT		
DIRECTOR		

[redacted]

mapfre Insurance®

[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

From: Enrique Arce <enrique@aoneinsagency.com>
Sent: Tuesday, February 10, 2026 11:14 AM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000294858

Caution: This message is from an external sender.

Do I need to resubmit with the Company name "[redacted] or can you change the name on the quote?

Best Regards,

Enrique Arce

ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: Enrique Arce
Sent: Monday, February 9, 2026 1:47 PM
To: [redacted]@mapfreusa.com>
Subject: RE: NB quote for [redacted] / Q1000294858

Can I put this in the company name under the partners [redacted] (listed driver) and lease the truck to the company?

Best Regards,

Enrique Arce

A ONE INSURANCE AGENCY

Phone: o. (508) 659-5969
f. (508) 231-5347
Email:
enrique@aoneinsagency.com

1324 Belmont Street, Suite 203
Brockton, MA 02301

www.aoneinsagency.com

From: [redacted]@mapfreusa.com>
Sent: Monday, February 9, 2026 12:34 PM
To: Enrique Arce <enrique@aoneinsagency.com>
Subject: NB quote for [redacted] / Q1000294858

Hi Enrique,

Upon my review of this account it appears this Individual Named Insured does NOT have an active license. All Named Insured's must have an active license so at this time we are not able to provide you with a quote for this risk. Not even sure how this vehicle was able to be registered under owners individual name – there is no insurance co info showing in the MA registry as of now – did your agency stamp the RTA for this vehicle? We are not able to offer a quote for this named insured at this time.

Also, the filing info per the FMCSA is under the business name of [redacted] which does not match our Named Insured or how this vehicle is registered so we wouldn't have been able to do a filing for this risk either.

Thank you,

Individual

Name : [redacted]
License Number : [redacted]
License State : [redacted]
Date of Birth : [redacted]
Primary Address : [redacted]

Demographics

Gender : Male
Height : 5' 6"
Eye Color : Black
Veteran : No

SDIP | Licensing | Vehicles | Enforcement | Names & Addresses

Status | Licenses | Placards | Trainings & Certificates

Current | History

Current

Passenger Status : **None**
NCL Permit Status : **Active**
CDL Status : **None**

Individual

Name	:	[redacted]
License Number	:	
License State	:	
Date of Birth	:	
Primary Address	:	

Demographics

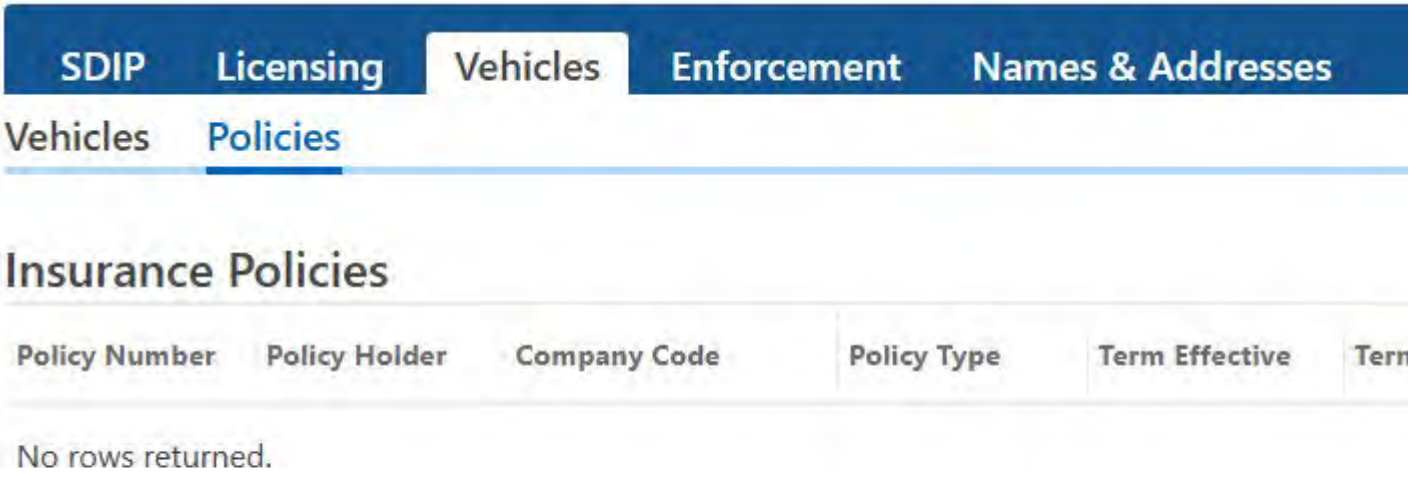
Gender	:	Male
Height	:	5' 6"
Eye Color	:	Black
Veteran	:	No

SDIP | Licensing | Vehicles | Enforcement | Names & Addresses

Vehicles | Policies

Vehicles

Vehicle	Plate Number	Plate Type
[redacted]		CON - Commercial Plate



[redacted]
Senior Commercial Lines Underwriter
Commercial Lines Underwriting
11 Gore Road
Webster, MA 01570
[redacted]

MASSACHUSETTS ENDORSEMENT – CR 99 01 08 18

Operator Exclusion Form

It is agreed by the insurance company, the policyholder and the person named below (the Excluded Operator), that the Excluded Operator will not operate the vehicle(s) described below, or any replacement thereof, under any circumstances whatsoever.

Named Insured: [redacted] _____

Excluded Operator: [redacted] _____

Vehicles (Complete Section A **OR** Section B):

A. __X__(Check if applicable) Any and All Vehicles Listed or Covered on the policy during the policy term

OR

B. Specific Vehicle(s)

Vehicle Description: _____

Vehicle Description: _____

Vehicle Description: _____

Vehicle Description: _____

The policyholder and Excluded Operator understand and agree that the insurance company will not pay under the optional insurance parts of the policy for any injury or damage arising out of the operation or use of the vehicle(s) described above, by the Excluded Operator.

The policyholder and Excluded Operator understand and agree that this Operator Exclusion Form will continue in full force and effect in any subsequent renewal or replacement of the policy until the policyholder and the insurance company withdraw this form in writing.

_____ _____

Date Policyholder/Authorized Representative Signature

_____ _____

Date Excluded Operator's Signature

(ed. 08-18)

Q1 – Reason for Review

A. The reason for the review will allow us to provide our clarification of said violations. In many cases, the carrier is inconsistent in applying the CAR rules which can create confusion about what is permissible. Some of the underwriter's requests may be unattainable when additional sources (Financing Company and RMV) are required.

B. We are requesting relief to allow us time to bring the agency policy changes into full fruition with new staff and Finance companies. This time will allow us to implement additional safeguards to better adhere to the CAR guidelines.

Q2 – Details of Aggrievements

- Claims of financed funding not paid to carrier: Understanding of the Financing requirement by the carrier on certain accounts, was to submit funding request to a 3rd party Finance company, they would forward funds to Agency. Agency would collect DP from insured and post to Carrier. We were instructed by the UW that 100% of funds needed to be posted at one time. Prior to 10/2025 payment processing was not an issue. We have since changed funding prosses to just utilize ETI. ETI has rolled out a new payment platform that will collect and distribute funding. Training on new ETI processing platform was 6/22/2026.

- The current claims in reference to not submitting 100% in 2 days was not adhered to due to 100% of funds were not collected at the same time, by either the Insured DP bounced check for NSF, funding/DP not clearing agency acct in 2 days.

[redacted] **L22537**

- Default (outstanding ins owed) of Ins in 24 months – We try to prevent errors and hope that the underwriting process will catch EP due that may slip though. In nearly every case any EP due is caught and collected (we are unaware of any cases where both our agency and the underwriter have missed an EP due).
- With the incomplete submission, we rely on insureds to be honest. Information is verified to the best of our ability in good faith. Information is supplied by insured. Documents are sent to the insured to signs (typically though Docusign). Follow ups are set up to retrieve docs within time frame.

[redacted] **L27133**

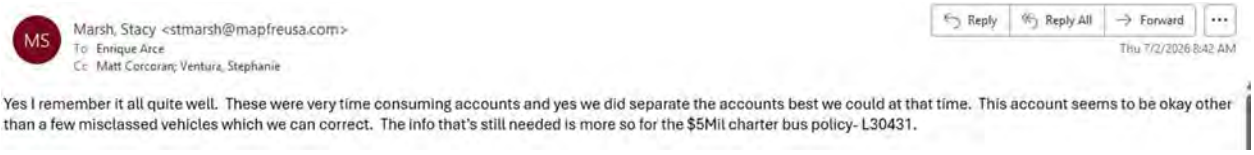
- Failure to collect premiums – This was a financed policy. 100% of funding was paid to the carrier.

[redacted] **L24723**

- Late submission –Docs are sent to insured to complete within the 2 day timeframe for completion. We cannot control the insureds' timely response, despite our best efforts.
-Car forms – We send out documents for completion and despite our best efforts insureds may delay their return of documents beyond the 2 day time frame.

[redacted]**:**

Accused violations were placed on A One, yet A One was following the former broker's policies, which were underwritten by Commerce UW. These policies we were taking over were already full of errors. Again, these policies were underwritten by Commerce. They were then rewritten to A One on the renewal effective date. Through our investigation, we discovered the prior commerce policies were full of vehicles that were found to be owned by Commerce and therefore should never have been on the expiring policy. In some cases, there were vehicles listed on policies with no active registration. To clarify the confusion and disorganization of the prior Commerce policies, we separated vehicles into new policies by risks type/a.k.a usage. Admittedly, separating vehicles on to separate policies by usage did confuse the underwriter. This was a huge task on a very large account, with many hours of A One deciphering the units by operation, vehicle type, coverage and limits. Several times the UW was confused and UW was unable to track the flow of multiple new policies. With the timing of the rewrite and CAR rules, UW advised us to submit to bind with no money and additional documentation could follow. On account of this size, it would be expected that there would be more UW questions and the need for everyone to have additional time on the submission before binding.



[redacted] **L29771**
[redacted] **L30037**
[redacted] **L30431**

- UW was confused and overwhelmed by the magnitude of errors on the prior Commerce policy. We decided to place risks into separate policies. This was a time-consuming task that brought the submission beyond the 2 day time frame. UW was stearing the submission process

- Failure to submit premium– policy was difficult to get correct. UW was not completely sure of the premium or able to calculate final premium. Premium collection within 2 days is nearly impossible with UW making continual corrections and updates. Collection of funds from insured were received once the UW approved the submission.

[redacted] **L28655**

- Failure to report coverages – (Registrations) Insured was having Registration titling issues with the RMV. Vehicles were not in operation.
-Failure to properly order endorsement – Endorsement to add vehicle was processed through carrier portal after the registration was active.

[redacted] **L31848**

– Late submission - Received multiple questions from UW for insured to answer. Docs are sent to insured to complete within the 2 day timeframe for completion. We cannot control the insureds' timely response, despite our best efforts.
- Inaccurate information - We rely on insureds to be honest. Information is verified to the best of our ability and in good faith. All Information is supplied by insured. The Insureds signs applications as acknowledgment that they have read and understand the information.
- Incomplete submission – Documentation was supplied and UW questions were answered. Policy should not have been approved or bound if additional information was needed. We rely on the underwriting process to catch possible errors that we may miss

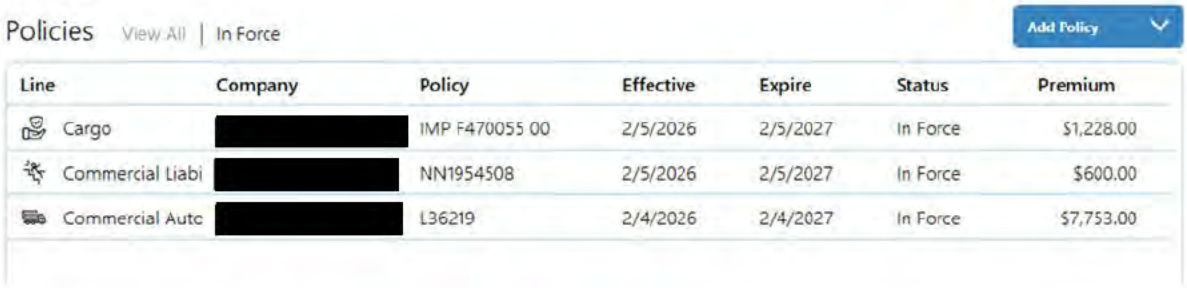
[redacted] **L28577 &** [redacted] **L28653**

– Submission of documents per the requirement from insured were accepted by carrier and policies were bound. UW further review of documents (Parking lease agreements) did not meet UW satisfaction and were questionable. We agreed with the UW that the parking agreement was unverifiable and leaning on Fraud. Prior Producer's wife was owner of said companies and this producer was terminated in conjunction with providing fraudulent documents. A-One has no tolerance for any type of fraudulent activity.

Attachment A

[redacted] **L36219** - Multiple policies, Funds posted to another policy

– Posted DP to another policy in error. Did not notice error and was waiting for 100% to post to policy.



Policies View All | In Force

Add Policy

Line	Company	Policy	Effective	Expire	Status	Premium
Cargo	[redacted]	IMP F470055 00	2/5/2026	2/5/2027	In Force	$1,228.00
Commercial Liabi	[redacted]	NN1954508	2/5/2026	2/5/2027	In Force	$600.00
Commercial Autc	[redacted]	L36219	2/4/2026	2/4/2027	In Force	$7,753.00

[redacted] **L35091** - DP was declined NSF

–Funding was received within 2 days of eff date, partial DP wase received. Requested DP balance many times. Posted funding and partial dp received to carrier after they cleared agency account. Agency has no recourse to Cancel policy if remaining DP was not paid. Posted funds received to generate an NOC from carrier.

[redacted] **L36465** – Insured was to pay DP with carrier directly

– Funding paid late; Funding was received, Insured agreed to call carrier directly to pay DP with a Credit Card. Insured did not pay the DP. Chased insured Multiple times, Funding was paid to carrier after 100% was received, Agency has no recourse to Cancel policy. We have changed our funding process. The Finance company will now be collecting DP and processing all funding directly with the carrier.

[redacted] **L34781** - Payment posted just outside 7 days

- Funding paid late; Finance agreement was sent on 2/12/26 (date received from insured), Funding cleared agency account on 2/18/26, DP was paid 2/12/26 via Epay (third party vender), DP hit agency account 2/20. What are the guidelines in this situation. Waited to collect 100% before posting funds. We have changed our funding process. The Finance company will now be collecting DP and processing all funding directly with the carrier.

[redacted] **L35464 -** DP was declined NSF

–DP was processed through third party vender and declined. Made numerous attempts to collect DP. Funding was returned to Finance company. Agency has no recourse to Cancel policy if DP is returned.

-Insured requested new policy. Processed submission 6/25/2026 with required docs within timeframe. UW sent list of questions 4 days later on 7/1/26. Replied 7/1/26 insured was not going to move forward with submission and to close the file.

Attachment B

[redacted] **L30421** - Endorsement not submitted on RTA stamp date

- RTA was stamped and not processed on stamp date. Prior employee was responsible for task. Prior employee was fired for not adhering to company policy and procedures. We have implemented new CAR processing procedures to ensure RTA's (endorsement) are submitted within CAR time frame. All employees have been retrained to understand new procedure.

[redacted] **L17798 -** Endorsement not submitted on RTA stamp date

- Insured did not register vehicle on stamped date. Prior employee was responsible for posting endorsement. Prior employee was fired for not adhering to company policy and procedures. We have implemented new CAR processing procedures to ensure RTA's (endorsement) are submitted within CAR time frame. All employees have been retrained to understand new procedure.

[redacted] **L23672 -** Endorsement not submitted on RTA stamp date

- Endorsement was sent on 11/20/25 same as stamped RTA date. Request effective date was a typo and should have been the 11/20/2025. Policy renewed on 11/30/25. Endorsement request was sent in the required time frame. This is a situation that should have been reviewed a bit closer by UW instead of submitting a violation and changed based on the information provided.

From: Enrique Arce enrique@aoneinsagency.com
Sent on: Thursday, November 20, 2025 8:23:53 PM
To: clfax@mapfreusa.com
Subject: add 3 units - [redacted]

Caution: This message is from an external sender.

Please add the following units to [redacted] policy L23672 effective 11/30/25:

1. [redacted] CLASS CODE 23121, NO COMP OR COLLISION
2. [redacted] CLASS CODE 73910, NO COMP OR COLLISION
3. [redacted] CLASS CODE 23121. NO COMP OR COLLISION

Best Regards,

We have implemented new CAR processing procedures to ensure RTA's (endorsement) are submitted within CARs time frame. All employees have been retrained to understand new procedure.

Attachment C

- Submission required binding CAR forms. All required CAR forms to include finance agreements, RTAs and driver exclusion are sent to insured by Docusign to esign. We inform insureds docs are due within 2 days of binding. We have implemented a new submission process for the CAR policies. All employees have been retrained to understand and are adhering to the new procedure.

[redacted] **L35091** – Late documents;
[redacted] **L36465** – Late Documents;
[redacted] **L36219** – Late Documents;

Attachment D

[redacted] **L34068**

– Verify EP owed; No quote was offered, no RTA Stamped, no funds received. This was in the beginning stages of a submission.

This was a trucking prospect. Producer processed submission in the MAPFRE portal and requested underwriter approval. Underwriter, Stacy Marsh, replied on 11/14/25, and my reply to each is below that. :

"**Also, per MA registry this insured appears to still owe EP of $670 and $548 for prior cancelled policies with Foremost Insurance Company as noted below. We must receive proof that these balanced were both collected and paid in full prior to me releasing a quote for this insured. "**

Later on Stacy wrote: **"your application submitted through the system states "No" for the question "Does applicant owe premium to any prior insurer during past 24 months?"**

When I input this into the system, I was just trying to get an estimated quote, prior to binding. I said "no" because my intent was to collect the money due and then the application would be correct with no reason to go back and amend it to "no".

I immediately told the insured we would not be able to issue him a quote which he could bind without payment of the earned premiums listed above.

UW responded on 12/11/25 identifying the EP that we missed. UW indicated they would proceed with the quoting when confirmation of the EP paid was received. We rely on the underwriting process to assist in catching possible errors that we may miss. All employees have been retrained to understand and adhere to the new procedure. No policy bound and no RTAs were issued.

Q3. Action taken to date to resolve the matter

We were aware of said individual violations upon receipt from Carrier in October of 2025. Listed violations appear to have been identified in the middle of 2025 when we were transferring a large group of MAPFRE auto policies from a different MAPFRE agent to A One. This transfer was time consuming with discovering and fixing many errors in these prior Commerce policies.

On this large complex account while working with the MAPFRE UW, we discovered a critical amount of errors in the prior policies, including but not limited to; active registrations that were not on any policy, vehicles listed multiple times, cancelled units that were still on the policies, vehicle owned by Commerce (deemed totaled), coverage (Limits) issues and other various policy issues. UW was frustrated in the process and the UW was confused in keeping track of policies including the amount (Number) of units that needed to be moved around.

A One is a high-volume agency that specializes in High-risk Commercial auto. Our experience in the Commercial auto sector (Particularly Trucking) has made us invaluable locally and has given us a loyal following. Due to the limited carriers available to the Commercial auto sector (Trucking), Commerce (CAR) is the main carrier for this High-risk industry.

We are aware of the severity of not adhering to the CAR guidelines. In efforts to meet the requirements, we have hired additional staff allowing us to alleviate the overload of production to any one rep. We have implemented a better diary system to ensure forms are submitted within CAR time frame. We have taken new steps to mitigate violations by amending our procedures with a more vigorous timeline, stamping registrations only after carrier binding approval, collecting supporting documentation and submitting said docs prior to UW review. Financed policies will now be administered by a Funding company to include direct collection of DP and processing payment directly to carrier (guarantee funds). All employees have been retrained to understand and adhere to the new procedure.

Due to the limited voluntary carriers in the State of Mass that offer commercial auto (Trucking), we are requesting a relief of the 6/15/2026 termination date to continue operations with the assigned Service Carrier (Commerce). CAR/Commerce is our main carrier for the high risk commercial auto sector. We are heavily weighted in commercial auto, Trucking. Our customers recognize our agency as an invaluable partner based on our knowledge and experience in this niche industry. We are dedicated to constant improvement in our procedures to comply with the CAR rules and procedures.

HONOR PAY

Make agency bill as easy as direct bill.

The only solution that fully automates all the invoicing, premium financing, and carrier payables.

Maximize team efficiency, maximize revenues.

- Secure online payments: Credit / Debit, ACH, Wire
- Pay-in-full and premium financing integrated into checkout
- You control when your brokers get paid (without logging into payment portals)
- Your commission is deposited directly into your operational account – no need to transfer funds from trust
- Integrated with AI and leading agency management systems to minimize data entry

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