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CITY OF NEWTON
APPLICATION FOR LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE MOTOR VEHICLES OR PARTS THEREOF
2022

CITY CLERK
NEWTON, MA. 02459

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a class 2 license, to Buy, Sell, Exchange or Assemble motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. Name of the concern KG MOTORS LLC

Business address: 1235 Washington St West Newton MA 02465

Telephone number 617 893 7010

Email sales@kpmotors.com

2. Is the above concern an individual, co-partnership, an association or a corporation? individual

3. If an individual, state full name and residential address.
KANCHORO KANATBEK UULU
70 Charlesbank way Apt D, Woburn MA 02453

4. If a co-partnership, state full names and residential addresses of persons composing it.

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President _____

Secretary _____

Treasurer _____

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? yes

OVER

If so, is your principal business the sale of new motor vehicles? NO

Is your principal business the buying and selling of second hand motor vehicles? yes

Is your principal business that of a motor vehicle junk dealer? NO

7. Give a complete description of all the premises, including satellite buildings/lot used for storage, to be used for the purpose of carrying on the business.

1 Building for office use and 1 lot for cars

8. Are you a recognized agent of a motor vehicle manufacturer? NO

If so, state name of manufacturer _____

9. Have you a signed contract as required by Section 58, Class 1? NO

10. Have you ever applied for a license to deal in second-hand motor vehicles or parts thereof? yes
If so, in what city/town(s) Newton MA

Did you receive a license? yes For what year? 2020

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? NO

PRINT and SIGN your name in full KANCHORO KANATBEK YULU 

(Duly authorized to represent the concern herein mentioned)
Residence _____

Telephone _____

IMPORTANT
EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION, AND FALSE STATEMENTS HEREIN MAY RESULT IN THE REJECTION OF YOUR APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENSE IF ISSUED.

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
Tel #617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 10111680

Effective Date: 09/01/2020

KNOW ALL MEN BY THESE PRESENTS, that we, KG Motors LLC of Massachusetts, as Principal, and Hudson Insurance Company, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto City of Newton, as Obligee, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand Dollars (\$ 25,000) for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a Dealer having an established place of business at 1235 Washington St., Apt 8 West Newton, MA 02465 in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by certified mail to the Obligee and bond shall be deemed canceled.

Dated this 2nd day of September, 2020.

KG Motors LLC, Principal

By: _____

Hudson Insurance Company, Surety

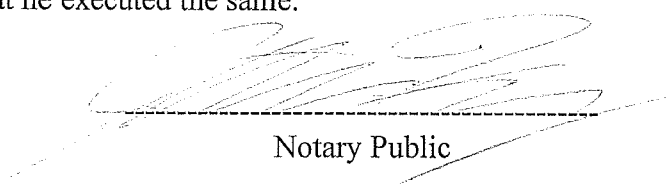
By: _____

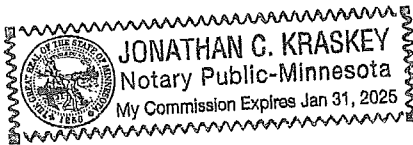
Jeremy J. Crawford, Attorney-in-Fact

Acknowledgment of Surety

State of Minnesota
County of Anoka

On this 2nd day of September, 2020 before me personally appeared **Jeremy J. Crawford** who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of **Hudson Insurance Company** (surety company), the foregoing instrument, and he thereupon duly acknowledged to me that he executed the same.


Notary Public





10111680

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Jeremy J. Crawford
of the State of MN

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

Twenty Five Thousand Dollars (\$25,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly attested on this 6th day of February, 20 20 at New York, New York.



Dina Daskalakis

Attest.....
Dina Daskalakis
Corporate Secretary

HUDSON INSURANCE COMPANY

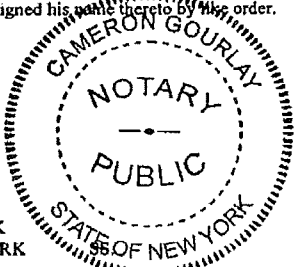
Michael P. Cifone

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 6th day of February, 20 20 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by his order.

(Notarial Seal)



Cameron Gourlay
CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

In Witness the hand of the undersigned and the seal of said Corporation this 2nd day of September, 20 20



Dina Daskalakis

By.....
Dina Daskalakis, Corporate Secretary



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. **D** I am a employer with _____ employees (full and/ or part-time).*
- 2. **D** I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. **D** We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4.0 We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5.0 Retail
- 6.0 Restaurant/Bar/Eating Establishment
- 7.0 Office and/or Sales (incl. real estate, auto, etc.)
- 8.0 Non-profit
- 9.0 Entertainment
- 10.0 Manufacturing
- 110 Health Care
- 12.0 Other

* Any applicant that checks box # 1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy# or Self-ins. Lic.# _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties "in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct

Signature: _____ Date: _____

Phone#: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License# _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen 's Office
- 6. Other _____

Contact Person: _____ Phone#: _____



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Original Printing

Issued January 6, 2022

Standard

Type : Stock

Markel Insurance Company
10275 West Higgins Road, Suite 750
Rosemont , IL 60018

NCCI Carrier Code:22616

Policy Number:

MWC0196169-01

Renewal of Policy:

[Empty box]

Rewrite of Policy:

[Empty box]

Fein # / Risk ID #:

851807383 /

1. The Insured's Name and Mailing address:

KG MOTORS LLC
1235 Washington St
Newton, MA 02465-2122
6178937010

DBA Name:

SIC CODE: 5511

Other work place not shown above: See Attached Location Schedule

Type of entity:

Limited Liability Company

2. The policy period is from 01/06/2022 to 01/06/2023 [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here: MASSACHUSETTS

B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A.

The limits of our liability under Part Two are:

Table with 3 columns: Injury Type, Amount, and Limit. Rows include Bodily Injury by Accident (\$1,000,000 each accident), Bodily Injury by Disease (\$1,000,000 policy limit), and Bodily Injury by Disease (\$1,000,000 each employee).

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV and WI

D. California Endorsements and Schedules

Other State Endorsements and Schedules:

MDWC1001, MWC 1201, WC000000C, WC000308, WC000406A, WC000414, WC000414A, WC000422C, WC000425, WC 20 03 01, WC 20 03 02 A, WC 20 03 03 D, WC 20 04 01, WC 20 04 05, WC 20 06 01 A, WC 20 06 04, MJWC1000, MIL 1214, MPIL 1083, MPIL 1007 01 20

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required is subject to verification and change by audit.

Minimum Premium: 255.00 Deposit Premium: \$683.00 Total Estimated Annual Premium: \$670.00 Pay plan: 1-Pay - 100%

Producer: ALD Insurance Agency Inc
60A Brighton Ave 617-787-7877
Allston, MA 02134

Countersigned By:

Date: 01/06/2022

Servicing office:

Markel Service, Inc., (888) 500-3344
Central Park Plaza, 222 South 15th Street, Suite 1500N
Omaha, NE 68102-1680

(See extension of information page for class code, rate and premium detail)

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY

MDWC 1001 02 20



EXTENSION OF INFORMATION PAGE

Worker's Compensation and

Employer's Liability Policy

Schedule Of Premium Information

Policy Number : MWC0196169-01
 Issued to : KG MOTORS LLC
 Effective Date : 01/06/2022 - 01/06/2023
 Coverage Provided By : Markel Insurance Company
 Carrier Code : 22616
 Period of Operation : 01/06/2022 - 01/06/2023
 State of Operation : MA

Code	Classification	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
8748	Automobile Salespersons	\$52,430.00	0.590	\$309.00
	Manual Premium			\$309.00
	Total Manual Premium			\$309.00
9812	Employers Liability		2.000	\$6.00
9848	ELL Minimum		69.000	\$69.00
	Subject Premium			\$384.00
	Total Subject Premium			\$384.00
	Modified Premium			\$384.00
	Standard Premium			\$384.00
0032	Loss Constant		20.000	\$20.00
0900	Expense Constant			\$250.00
9740	Terrorism Charge		0.030	\$16.00
	Estimated Annual Premium			\$670.00
	DIA Assessment		4.180	\$13.00
	Total Amount Due			\$683.00

EXTENSION OF INFORMATION PAGE

Worker's Compensation and
Employer's Liability Policy

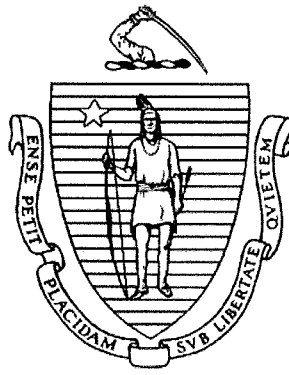
LOCATION SCHEDULE

Policy Number: MWC0196169-01
Issued to: KG MOTORS LLC
Effective Date: 01/06/2022 to 01/06/2023
Coverage Provided By: Markel Insurance Company
Carrier Code 22616

Other workplaces not shown above:

Location	FEIN	PHONE	SIC CODE	ENTITY TYPE
1 1235 Washington St Newton, MA 02465-2122	851807383	6178937010	5511	Limited Liability Company

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111
(617) 727-4900 – www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Markel Insurance Company. Claims administered by Markel Service, Inc.

NAME OF INSURANCE COMPANY		
PO Box 3188, Omaha, NE 68103-3188		
ADDRESS OF INSURANCE COMPANY		
MWC0196169-0		01/06/2022-01/06/2023
POLICY NUMBER		EFFECTIVE DATES
ALD INSURANCE AGENCY INC 60 A BRIGHTON AVE, ALLSTON, MA 02134		617-787-7876
NAME OF INSURANCE AGENT	ADDRESS	PHONE #
KG MOTORS LLC 1235 WASHINGTON STREET, WEST NEWTON, MA 02465		
EMPLOYER	ADDRESS	
EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)		DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL **ADDRESS**
TO BE POSTED BY EMPLOYER