

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

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a class II 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 Japan Auto Services Inc

Business address: ¹²³¹⁻² -1205 Washington St West Newton - MA - 02465

Telephone number 617 - 916 - 5427

Email Japanautoservicesma@gmail.com

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

3. If an individual, state full name and residential address.

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 Joe Xu
8220 Crestwood Hts Dr 1608 Mclean VA - 22102

Secretary Julie Utami Ng
8220 Crestwood Hts Dr 1608 Mclean VA - 22102

Treasurer _____

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

NEWTON, MA 02459
CITY CLERK

OVER

2021 NOV 30 AM 11:27

RECEIVED

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.

Office devoted exclusively for the use of our dealership
All records pertinent to the business must be maintained at the office

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? NO
If so, in what city/town(s) _____

Did you receive a license? Yes For what year? 2021

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 ✓ Job Xu 

(Duly authorized to represent the concern herein mentioned)
Residence 2818 Washington Blvd Arlington VA 22201

Telephone 703 351 1212

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.



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: Japan Auto Services Inc

Address: 1205 Washington St West Newton - MA - 02465

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. D I am an employer with 1 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 Dealership

*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: ✓ PNA Insurance Company

Insurer's Address: ✓ PO Box 5231 Janesville - WI - 53547

City/State/Zip: Janesville - WI - 53547

Policy# or Self-ins. Lie.# WCMA 000039001 Expiration Date: 04/05/2022

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: ✓ [Signature] Date: 11/22/2021

Phone#: 703 351 1212

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#: _____

Hudson Insurance Company
1035 Greenwood Blvd, Suite 265
Lake Mary, FL 32746

Continuation Certificate

REGISTRY OF MOTOR VEHICLES
P. O. Box 55889
Boston, MA 02205

In accordance with the terms of the Bond or Statute, you are hereby given written notice of the continuation of the following bond:

Bond Number 10103075
issued to Japan Auto Services Inc
in favor of REGISTRY OF MOTOR VEHICLES
described as Motor Vehicle Dealer

Continuation shall be effective on 02/01/2021 and expire on 01/31/2023.

This bond continues in force to the above expiration date provided that losses and recoveries on it and all endorsements shall never exceed the penalty set forth in the bond, no matter how long this bond is in force.

In witness whereof, Hudson Insurance Company has caused its corporate seal to be hereunto affixed this 23rd day of November 2020.

By: 
Eric M. Link, Attorney-in-Fact

Distribution Copy to:

Japan Auto Services Inc
1205 Washington St.
Newton, MA 02465

All American Bonds and Insurance, LLC
7457 Aloma Avenue, Ste 301
Winter Park, FL 32792



10103075

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

Eric M. Link

of the State of FL

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 on this 6th day of February, 20 20 at New York, New York.



Attest:
Dina Daskalakis
Corporate Secretary

Dina Daskalakis

HUDSON INSURANCE COMPANY

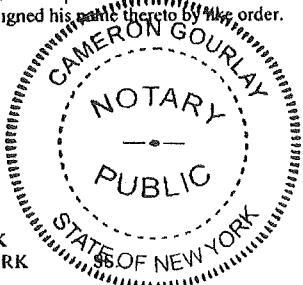
By:
Michael P. Cifone
Senior Vice President

Michael P. Cifone

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 my 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 SS.

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.

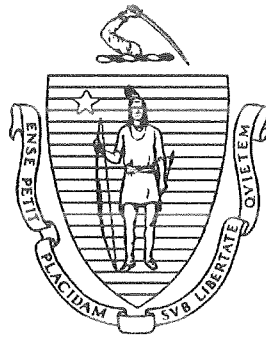
In witness the hand of the undersigned and the seal of said Corporation this 23rd day of November, 20 20



By:
Dina Daskalakis
Dina Daskalakis, Corporate Secretary

Dina Daskalakis

NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017

617-727-4900 - <http://www.state.ma.us/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:

PMA Insurance Company

NAME OF INSURANCE COMPANY

PO Box 5231, Janesville, WI 53547-5231

ADDRESS OF INSURANCE COMPANY

WCMA000039001

04/05/2021 to 04/05/2022

POLICY NUMBER

EFFECTIVE DATES

HERMAN LAPOINTE JR INSURANCE AGENCY INC
10 NORTH MAIN 1ST FL FALL RIVER MA 02720

(508) 678-8341

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

JAPAN AUTO SERVICES INC

1205 WASHINGTON STREET NEWTON, MA 02465 (703) 351-1212

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

Offer of Renewal – Entity Schedule

The Insured:

**JAPAN AUTO SERVICES INC
1205 WASHINGTON STREET
NEWTON, MA 02465**

Quote Number: 13354

Prior Policy Number: WCMA000039000

Coverage ID: 1252883

Renewal Policy Period from: 04/05/2021

To: 04/05/2022

Date of Mailing: 02/09/2021

Schedule

JAPAN AUTO SERVICES INC

20-5491257

Pennsylvania Manufacturers' Association

NCCI Carrier Code **11916**

NAME AND LOCATION SCHEDULE

Named Insured **JAPAN AUTO SERVICES INC**

Effective Date: **04-05-2021**

12:01 A.M., Standard Time

Agent Name **HERMAN LAPOINTE JR INSURANCE AGENCY INC**

Agent No. **AGCY717**

State: **MASSACHUSETTS**

JAPAN AUTO SERVICES INC

1205 WASHINGTON STREET

NEWTON MA 02465

Legal Entity: **Corporation**

FEIN/TAX ID # **20-5491257**

NAICS Code: **441110**

Workers' Compensation and Employers' Liability Insurance Policy
MA WC Assigned Risk Pool Assigned Carrier: PMA Ins Co (Stock) - NCCI Carrier Code#812916
Old Republic Residual Market Services
PO Box 9325 Minneapolis, MN 55440-9325
Website ormarks.com Phone (612) 902-9240 Toll Free (877) 347-3596 Fax (612) 902-9241

INFORMATION PAGE – A/R

Renewal of No: WCMA000039000

Policy Number: WCMA000039001

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

JAPAN AUTO SERVICES INC
1205 WASHINGTON STREET
NEWTON, MA 02465

Coverage ID: 1252883

Risk ID/Comb ID:

Date of Mailing 03/01/2021

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE: (See Schedule of Names and Locations)

ITEM 2. POLICY PERIOD: From: 04/05/2021 To: 04/05/2022

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3 COVERAGE:

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

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$1,000,000	each accident
Bodily Injury by Disease:	\$1,000,000	policy limit
Bodily Injury by Disease:	\$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules:

See Schedule of Forms and Endorsements

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit. **See Classification Schedule**

Minimum Premium	\$261	Total Estimated	
Required Deposit Premium	\$659	Annual Premium	\$649

Date: 03/01/2021

Countersigned by: _____

Scott R. Dahlger

Producer's Name: HERMAN LAPOINTE JR INSURANCE AGENCY INC

WC 00 00 01 A

Copyright 1987 National Council on Compensation Insurance

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF NEWTON

#8-22

NUMBER
#520-20

FEE
\$200.00

USED CAR DEALER'S LICENSE - CLASS II
TO BUY AND SELL SECOND-HAND MOTOR VEHICLES

In accordance with the provisions of Chapter 140 of the General Laws with amendments thereto

Japan Auto Services, Inc.

is hereby licensed to buy and sell second-hand motor vehicles at:

1231-2, 1205 Washington Street, Newton, MA. 02465

On premises described as follows:

Date issued: January 1, 2021

David A. Olson
acting
David A. Olson
City Clerk

THIS LICENSE EXPIRES JANUARY 1, 2022