

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 \_\_\_\_\_ 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 Village Motors Group Inc dba Honda Village

Business address: 371 Washington St  
Newton ma 02458

Telephone number 617 965 8200

Email nharris@hondavillage.com

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

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 Raymond J. Ciccolo  
11 Bennington Rd Lexington ma 02420

Secretary Raymond J. Ciccolo  
11 Bennington Rd Lexington ma 02420

Treasurer Raymond J. Ciccolo  
11 Bennington Rd Lexington ma 02420

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

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CITY CLERK  
NEWTON, MA 02458  
OVER

If so, is your principal business the sale of new motor vehicles? yes

Is your principal business the buying and selling of second hand motor vehicles? no

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.

Charlestown port, Charlestown ma  
Galen st Watertown ma  
Richardson St Newhn ma

8. Are you a recognized agent of a motor vehicle manufacturer? yes

If so, state name of manufacturer American Honda motor Co

9. Have you a signed contract as required by Section 58, Class 1? yes

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? \_\_\_\_\_ For what year? \_\_\_\_\_

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? \_\_\_\_\_

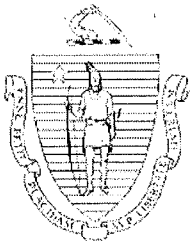
PRINT and SIGN your name in full Raymond J. Ciccio

(Duly authorized to represent the concern herein mentioned)

Residence 11 Bennington rd Lexington ma 02420

Telephone 617 965 8200

**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  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: Village Motors Group Inc dba Honda Village  
 Address: 371 Washington St  
 City/State/Zip: Newton ma 02458 Phone #: 617 965 8200

**Are you an employer? Check the appropriate box:**

1.  I am an employer with 70 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  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.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  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: Zurich  
 Insurer's Address: 7045 College Blvd  
 City/State/Zip: Overland Kansas 66211  
 Policy # or Self-ins. Lic. # WCI00073312 Expiration Date: 7/31/22

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

Failure to secure coverage as required under § 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: 12.6.21  
 Phone #: 617 965 8200

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (check 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** WC 00 00 01

**Independence Casualty Insurance Company**

NCCI Co. No. 36835

Policy Number WCI00073313  
 Prior Policy Number WCI00073312

**1. INSURED:**  
 Village Automotive Group, Inc.

Producer:  
 HUB International New England, LLC  
 PO Box 3220  
 Fall River, MA 02722

Boston Volvo  
 75 North Beacon Street  
 Boston, MA 02134

Federal ID Number 043138959

Risk Id Number:

SIC 999999 - NONCLASSIFIABLE ESTABLISHMENTS

Business Type: Corporation

Other Named Insured: See WCE106

Other Work Places See WCE107

**2. POLICY PERIOD:** The Policy Period Is From: 06/01/2021 To 06/01/2022 12:01 A.M. Standard Time at The Insured Mailing Address

**3. COVERAGES:**

- 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 3A. The limits of our 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 Insured: Part Three of the policy applies to the states, if any, listed here:  
**COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06B**
- D. This policy includes these endorsements and schedules:  
 See WCE105

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

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See WC 00 00 01

Minimum Premium:	Deposit Premium:
\$349	\$21,793
Interim Adjustment:	Annually
Servicing Office:	
25 New Chardon Street Boston, MA 02114-4721	

Total Estimated Premium	\$205,548
Surcharge(s)	9,340
Total Premium and Surcharge(s)	\$214,888

Issue Date 05/27/2021

Countersigned By: *Acqueline W. Nett* Date

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**  
**Extension Schedule**

**WCE-105**

**Independence Casualty Insurance Company**

Policy Number: WCI00073313

Insurer Independence Casualty Insurance

Endorsement Effective Date 06/01/2021

Insured: Village Automotive Group, Inc.

The Policy Period is from: 06/01/2021 to 06/01/2022

**Schedule of Endorsements:**

WC 00 00 CV	Policy Cover Letter
COVWEB	Policy Cover Website Page
WC 00 00 AN	Premium Charge for Subcontractors
WC 00 00 01 A	Extension Schedule for Class Codes
WCE-106	Extension Schedule for Insured Names
WCE-107	Extension Schedule for Locations
WCE-110	Installment Schedule
WC 00 04 03	Experience Rating Modification Factor Endorsement
WC 20 03 01	Massachusetts Limits of Liability Endorsement
WC 20 03 02 A	MA_Assessment Charge A
WC 20 03 03 D	MA_Massachusetts Notice to Policyholder End
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 20 04 01	MA_Massachusetts Pending Premium Change Endorsement
WC 20 06 01 A	MA_Massachusetts Cancellation Endorsement
WC 20 03 06 B	MA_WC200306B_Massachusetts Limited Other States Insurance Endorsement
WC 20 00 EP	Employer Poster 10-2015
WC 20 00 EP	Employer Poster Spanish
WC 00 04 06	Premium Discount Endorsement
WCE-207LR	Loss Ratio Dividend Plan Endorsement
WC 20 01 02	WC200102 - Mass Notification Endorsement of Pending Law Change TRIPRA
WC 00 04 22 C	WC000422C-Terrorism Risk Insurance Act Endorsement
WC 00 04 25	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
WC 00 01 15	WC000115-Pending TRIA Law Change Endorsement

Issue Date: 05/27/2021

Insured Copy

Form: 10514

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
Extension Schedule**

WCE-101

**Independence Casualty Insurance Company**

Policy Number WCI00073313

Insurer Independence Casualty Insurance

Insured Village Automotive Group, Inc.

The Policy Period is from 06/01/2021 to 06/01/2022

**Named Insured:****FEIN:**

Charles River East, Inc.		042308020
DBA Audi Norwell		273109573
DBA Porsche of Norwell		273109573
Main Street Village, LLC		261710343
Village Euro Motors, Inc.	DBA - Audi Norwell	273109573
Village Euro Motors, Inc.	DBA - Porsche of Norwell	273109573
Village Imports, Inc.		582667994
Village Motors Group, Inc.	DBA - Honda Village	043444521
Village Motors Group, Inc.	DBA - Suburban Village Collision	043444521
Village Motors Group, Inc.	DBA - Village Collision Center	043444521
Village Motors Group, Inc.		043444521
Village Motors North, Inc.	DBA - GMC Danvers	208206027
Village Motors North, Inc.	DBA - Hyundai Village of Danvers	208206027
Village Motors North, Inc.	DBA - Volvo Village of Danvers	208206027
Village Motors North, Inc.		208206027
Village Motors, Inc.	DBA - Boston Volvo Village	042171239
Village Premier Motors, Inc.	DBA - McLaren Boston	844051472

Issue Date 05/27/2021

Form: 10614