

Joseph Davis
Director
VPNE Parking Solutions
350 Lincoln Street Suite 1111
Hingham, MA 02043

Danielle Delaney
Senior Committee Clerk
City Council – City of Newton
1000 Commonwealth Avenue
Newton Centre, MA 02459

Check# 48515

\$120.00

for 4 bus license applications (renewal/triennial)

(renewal/triennial)

Dear Danielle Delaney:

Enclosed please find 4 Triennial bus license applications and the relevant documents necessary for submission.

Name of business: VPNE Parking Solutions, LLC

Operator: VPNE Parking Solutions, LLC

Routes and bus info: 3 – 24 passenger gasoline powered Starcraft Allstar Ford Buses equipped with two way radios, back up cameras, travelling on Route 9, to and from 300 Boylston Street, Newton, using Jackson Street to exit route 9 and to reverse direction. 1 of these 3 buses is has a wheelchair lift capable of accommodating ADA passengers. 1 smaller 14 passenger gasoline powered Starcraft Allstar Ford bus equipped with a two way radio, travelling on route 9 and Hammond Street making stops at the Chestnut Hill T Station and Dana Farber Cancer Institute, 300 Boylston Street, Newton. There will be no fare, or charge to passengers for any of these services.

Sincerely,

Joseph Davis
Director
VPNE Parking Solutions

BUS LICENSE RENEWAL APPLICATION

BUS LICENSE HOLDER:	(Owner Name)	(Company Name)	VPNE Parking Solutions (Company Address)	
	(email address)	upne.com	- .	617 451 1393
Please list below for each Bu	s:		•	
VEUTCI E DECIC	TDATION# VEU	ICI E ID# OD(ገለፈውጥሮው	

VEHICLE REGI	STRATION # VEHICLE (VIN)	ID # ODOMETI READING	
1. V98924	IFDFEYFNXM	nDC10962	#132
2. BU 39751	IFDFE 4FSXH	0 C02579	<u># 131</u>
3. BU39752	IFDFE4FS56	DC11155	<u>#</u> 130
4. IIACM	IFDEE3FN	8 mDC 10710	_ 14 Passanger # 133

DFCI - 10BP - Chestnut Hill Shuttle Schedule

	Departs 44 Binney	Departs Pearl St. outbound to 300 Boylston	Departs 300 Boylston	Departs Pearl St. inbound to 44 Binney		Departs 44 Binney	Departs Pearl St. outbound to 300 Boylston	Departs 300 Boylston	Departs Pearl St. inbound to 44 Binney
	5:30 AM	5:40 AM	6:00 AM	6:20 AM		1:30 PM	1:40 PM	2:00 PM	2:20 PM
1	5:50 AM	6:00 AM	6:20 AM	6:40 AM		1:50 PM	2:00 PM	2:20 PM	2:40 PM
	6:10 AM	6:20 AM	6:40 AM	7:00 AM		2:10 PM	2:20 PM	2:40 PM	3:00 PM
1	6:30 AM	6:40 AM	7:00 AM	7:20 AM		2:30 PM	2:40 PM	3:00 PM	3:20 PM
	6:50 AM	7:00 AM	7:20 AM	7:40 AM	4	2:50 PM	3:00 PM	3:20 PM	3:40 PM
120	7:10 AM	7:20 AM	7:40 AM	8:00 AM		3:10 PM	3:20 PM	3:40 PM	4:00 PM
	7:30 AM	7:40 AM	8:00 AM	8:20 AM		3:30 PM	3:40 PM	4:00 PM	4:20 PM
720	7:50 AM	8:00 AM	8:20 AM	8:40 AM	13	3:50 PM	4:00 PM	4:20 PM	4:40 PM
	8:10 AM	8:20 AM	8:40 AM	9:00 AM		4:10 PM	4:20 PM	4:40 PM	5:00 PM
	8:30 AM	8:40 AM	9:00 AM	9:20 AM		4:30 PM	4:40 PM	5:00 PM	5:20 PM
	8:50 AM	9:00 AM	9:20 AM	9:40 AM		4:50 PM	5:00 PM	5:20 PM	5:40 PM
15	9:10 AM	9:20 AM	9:40 AM	10:00 AM		5:10 PM	5:20 PM	5:40 PM	6:00 PM
	9:30 AM	9:40 AM	10:00 AM	10:20 AM		5:30 PM	5:40 PM	6:00 PM	6:20 PM
	9:50 AM	10:00 AM	10:20 AM	10:40 AM		5:50 PM	6:00 PM	6:20 PM	6:40 PM
S.A	10:10 AM	10:20 AM	10:40 AM	11:00 AM		6:10 PM	6:20 PM	6:40 PM	7:00 PM
	10:30 AM	10:40 AM	11:00 AM	11:20 AM		6:30 PM	6:40 PM	7:00 PM	7:20 PM
7.3	10:50 AM	11:00 AM	11:20 AM	11:40 AM		6:50 PM	7:00 PM	7:20 PM	7:40 PM
	11:10 AM	11:20 AM	11:40 AM	12:00 PM		7:10 PM	7:20 PM	7:40 PM	8:00 PM
1 1	11:30 AM	11:40 AM	12:00 PM	12:20 PM		7:30 PM	7:40 PM	8:00 PM	8:20 PM
	11:50 AM	12:00 PM	12:20 PM	12:40 PM	17	7:50 PM	8:00 PM	8:20 PM	8:40 PM
53.4	12:10 PM	12:20 PM	12:40 PM	1:00 PM		8:10 PM	8:20 PM	8:40 PM	9:00 PM
	12:30 PM	12:40 PM	1:00 PM	1:20 PM					
	12:50 PM	1:00 PM	1:20 PM	1:40 PM					25/25/25/25
F CAL	1:10 PM	1:20 PM	1:40 PM	2:00 PM					
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

3-24 Passenger Buses running between

44 Binney St, Boston, to Pearl St in Brookline,

to 300 Boylston St Newton.



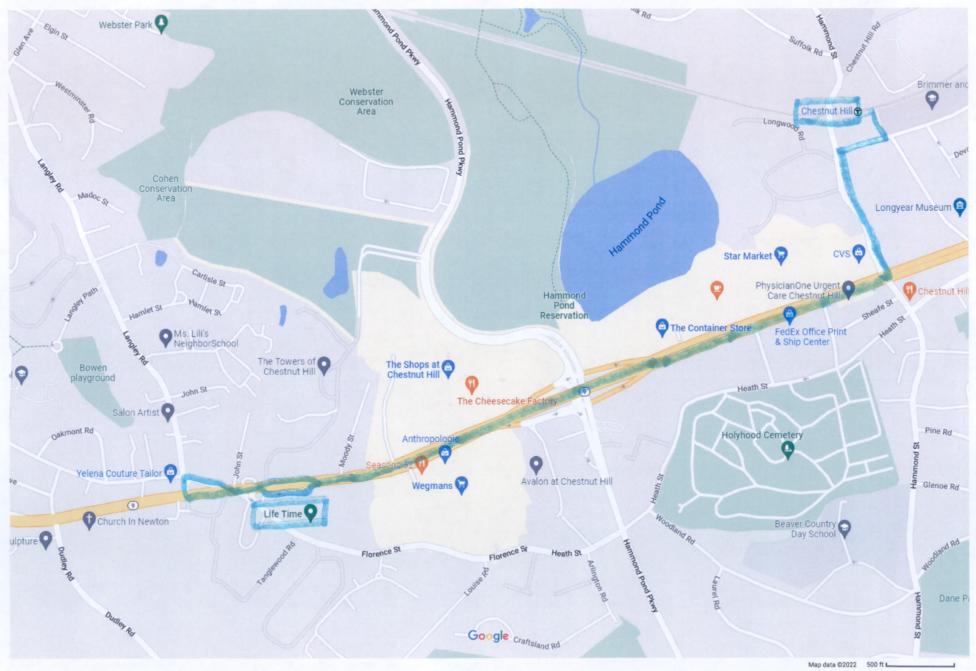
Ches	tnut Hi	III T Sta	tion
	Departs CHT	Departs 300 B	Capacity
Shuttle 1	6:30 AM	6:40 AM	14
Shuttle 1	6:50 AM	7:00 AM	14
Shuttle 1	7:10 AM	7:20 AM	14
Shuttle 1	7:30 AM	7:40 AM	14
Shuttle 1	7:50 AM	8:00 AM	14
Shuttle 1	8:10 AM	8:20 AM	14
Shuttle 1	8:30 AM	8:40 AM	14
Shuttle 1	8:50 AM	9:00 AM	14
Shuttle 1	9:10 AM	9:20 AM	14
Shuttle 1			14
Shuttle 1		2:30 PM	14
Shuttle 1	2:40 PM	2:50 PM	14
Shuttle 1	3:00 PM	3:10 PM	14
Shuttle 1	3:20 PM	3:30 PM	14
Shuttle 1	3:40 PM	3:50 PM	14
Shuttle 1	4:00 PM	4:10 PM	14
Shuttle 1	4:20 PM	4:30 PM	14
Shuttle 1	4:40 PM	4:50 PM	14
Shuttle 1	5:00 PM	5:10 PM	14
Shuttle 1	5:20 PM	5:30 PM	14
Bet. Sel			1
			196

1 - 14 passenser Small Bus Funning from 300 Boylston Street to the Chestnut Hill T stop, and back. Google Maps

3 - 24 Passenger Bus Route









The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia
Workers' Compensation Insurance Affidavit: General Businesses.

TO BE FILED WITH THE PERMITTING AUTHORITY.
Applicant Information Please Print Legibly
Business/Organization Name: VPNE Parking Solutions, LLC
Address: 350 Lincoln Street S.111
City/State/Zip: H1ngham MA 02043 Phone #: 617 451 1393
Are you an employer? Check the appropriate box: 1. I am a employer with 1500 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.] *Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. *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.
Insurance Company Name: Derty Mutual Insurance for my employees. Below is the policy information. Insurance Company Name: Derty Mutual Insurance Insurer's Address: 175 Berkeloy Street City/State/Zip: Boston, MA 02116 Policy # or Self-ins. Lic. # MA7-61D-262282-011 Expiration Date: 08/22 Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
Failure to secure coverage as required under 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: 5/2/22
Phone #: 617 212 7270
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
Contact Person: Phone#:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Liberty Mutual. INSURANCE 175 Berkeley Street Boston, MA 02116

INFORMATION PAGE

Issued by Liberty Insurance Corporation (a stock company) 21814

Policy Number WA7-61D-262282-011 Issuing Office Lewiston, ME Renewal Of WA7-61D-262282-010 Issue Date 10/28/2021 Account Number 1-262282 Sub Account 0000

1. Insured and Mailing Address FEIN 20-2086409
VPNE Parking Solutions, LLC

350 Lincoln Street, Suite 1111
Hingham MA 02043
Risk ID 911372959

Status Limited Liability Company

Other workplaces not shown above: See Item 4. Premium - Extension of Information Page

- 2. Policy Period: The policy period is from 10/08/2021 to 10/08/2022 12:01 A.M. standard time at the Insured's mailing address.
- 3. Coverage
 - A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: CT FL MA NH NC PA RI
 - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. 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 Insurance: Part Three of the policy applies to the states, if any, listed here: All States except those listed in Item 3.A and the States of: ND OH WA WY
- D. This policy includes these endorsements and schedules: See Item 3. Coverage D Extension of Information Page
- 4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number		Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
	See	Extension of Information Page		
Minimum Premium		Total Estimated Annu	ual Premium \$	
Premium will be bille	ed Monthly	Deposit Premium	\$	
		Deposit Tax/Surcharg	e/Assessment \$	

Producer 0002 005334 NFP PROPERTY & CASUALTY SERVICES PO BOX 2127 S BURLINGTON VT 054072127 Countersigned by Authorized Rep. (FL)

Druchace

Corporations Division Business Entity Summary

ID Number: 202086409 Request certificate New search

Summary for: VPNE PARKING SOLUTIONS, LLC

The exact name of the Domestic Limited Liability Company (LLC): VPNE PARKING

SOLUTIONS, LLC

Merged with VPNE PARKING SOLUTIONS TRUST on 04-01-2013
Merged with KL PARKING SOLTIONS TRUST on 04-01-2013

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 202086409 Old ID Number: 000883158

Date of Organization in Massachusetts:

12-16-2004

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 350 LINCOLN ST SUITE 1111

City or town, State, Zip code, HINGHAM,

Country:

HINGHAM, MA 02043 USA

The name and address of the Resident Agent:

Name: DENNIS NEWMAN

Address: VPNE PARKING SOLUTIONS 350 LINCOLN ST, SUITE 1111 City or town, State, Zip code, HINGHAM, MA 02043 USA

Country:

The name and business address of each Manager:

Title	Individual name	Address			
MANAGER	KEVIN J LEARY	350 LINCOLN ST, SUITE 1111 HINGHAM, MA 02043 USA			
MANAGER	DENNIS NEWMAN	350 LINCOLN ST, SUITE 1111 HINGHAM, MA 02043 USA			
MANAGER	NICK LITTON	350 LINCOLN ST, SUITE 1111 HINGHAM, MA 02043 USA			

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

ļ	Title	Individual name	Address
	REAL PROPERTY	KEVIN J. LEARY	350 LINCOLN ST, SUITE 1111 HINGHAM, MA

		02043 USA		
 Consent	☐ Confidential Data	☐ Merger Allowed	☐ Manufacturing	
View filings for this busines	ss entity:			_
ALL FILINGS Annual Report			1	
Annual Report - Professional			•	
Articles of Entity Conversion				
Certificate of Amendment				ָר'
	View fi	lings		
Comments o	r notes associate	d with this busine	ess entity:	
				ال

New search







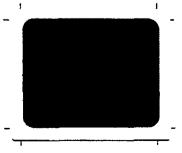
CERTIFICATE OF REGISTRATION

M.G L Chapter 90 section 24B makes it a crime to alter this certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type	Registration Type Plate Number		Plate Number	Effective Da	ate	Title N	lumber		Expires On	Month	Year
BUN	BUS	NORMAL.	39752	02-Jul-2	2020	l	BR904644			06	22
Model Year	Make	Model	Body Style		Color(s)			Vehicle id	entification Numb		
2016	STAR	ALLSTA	BUS			WHITE			1FDFE4FS5G		
Residential Ad	ldress (If Differ	ent than Mailing)					Total Reg	istered We	light for Commen	cial Vehicle	or Trailer
Garage Address 343 CONGRESS ST 3RD FLOOR BOSTON MA 021100000							US DOT	Number for	r Commercial Ve	nicle	
Name(s) of O	wner(s) and Ma	ailing Address							 		
			244 				Insurance Company LIBERTY MUTUAL FIRE INSURANCE COMPANY				
070356 ******AUTO**5-DIGIT 02110 VPNE PARKING SOLUTIONS LLC 343 CONGRESS ST 3RD FLOOR BOSTON MA 02210-1214						Maximum Seating Capacity for Vehicles for Hire . 22					
Lessee/in Cu	stody Of						Jan	new I	exer Not V Signa	alid Without ture of Reg	Official istrar
Special Mes	sage			Change of A	Address		Reside	ential [Mailing 📋 🤇	Sarage	
		•									

Information for Vehicle Owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the o⊡ cial status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card MGL. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office
- Transferring Your Plates: Massachusetts General Law (M.G L Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www mass gov/rmv for more information.
- Cancel the registration plates if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle
 - You move to another state and you register the vehicle in that state.



- The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.







CERTIFICATE OF REGISTRATION

M G L Chapter 90 section 24B makes it a crime to alter this certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type	Registration 7	Гуре	Plate Number	Effective D	ate	Title Number	Expires C	Month	Year
BUN	BUS	NORMAL	39751	02-Jul-	2020	BR9039	37	06	22
Model Year 2017	Make STAR	Model Body Style FAR ALLSTA BUS			Color(s)	WHITE	Vehicle Identification Number 1FDFE4FSXHDC02579		
Residential Ad	idress (If Differ	ent than Mailing)		***************************************		Total Reg	gistered Weight for Com	nmercial Vehicle	or Trailer
Garage Addre	343 CONG		OOR BOSTON MA 02	21100000		US DOT	Number for Commercia	al Vehicle	
Name(s) of O		•	ովոերիսի դլիդլիդ -	l _l t.		1	e Company RTY MUTUAL FIRE IN:	SURANCE COM	PANY
	VPNE PARK	ING SOLUTIONS L ESS ST 3RD FLOO	LC			Maximur	n Seating Capacity for \ 25	Vehicles for Hire	
Lessee/In Custody Of						Jar	new Zulon !	Not Valid Without Signature of Reg	Official Istrar
Special Mes	sage			Change of A	Address	Resid	ential Mailing	☐ Garage	

Information for Vehicle Owners

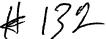
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21417120







CERTIFICATE OF REGISTRATION

M G L Chapter 90 Section 24B makes it a crime to alter this Certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE		REGISTRATION TYPE		PLATE NUMBER		EFFECTIVE DATE	TITLE NUMBER			
CON		Commercial		•	V98924	01-Jan-2022	CC906098	EXPIRES ON	31-Dec-2022	
MODEL YEAR	MAKE	MODEL	MODEL NUMBER	ВС	DDY STYLE	COLOR	VEHICLE IDENTIFICATION NU	MBER		
2021	FORD	ECONOLINE			VAN	WHITE	1FDFE4FNXMDC10962		62	
RESIDENTIAL A	DORESS (IF DIFFER	KENT THAN MAILING)			TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
								15000		
GARAGE ADDRE	SS						US DOT NUMBER FOR COM	ERCIAL VEHICLE		
350 I INC	OI NI ST ST	E 1111 HINGH	AM MA 020	42-15	79				ļ	
350 LINCOLN ST STE 1111 HINGHAM MA 02043-1579 NAME(S) OF OWNER(S) AND MAILING ADDRESS							INSURANCE COMPANY			
VPNE PARKING SOLUTIONS LLC							LIBERTY MUTUAL FIRE INSURANCE			
350 LINCOLN ST STE 1111							COMPANY			
HINGHAM MA 02043-1579							MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE			
LESSEE/IN CUS	TODY OF						Collen of Ogel	December of	i Mada a Mahada a	
							Carried Street	Registrar of	ividtor vehicles	
SPECIAL MESS/	vgE					CHANGE OF ADDRESS	RESIDENTIAL	MAILING	GARAGE	

Important information for vehicle owners

- Certificate of Registration Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
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CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE		REGISTRATION TYPE		PLATE NUMBER	SFFECTIVE DATE	TITLE HUNBER	
BUN		Bus Normal		11ACM	10-Feb-2021	30-Jun-2022	
MODELYEAR	MAKE	MODEL	MODEL NUMBER	BODY STYLE	COLOR	VEHICLE IDENTIFICATION NUMBER 1FDEE3FN8MDC10710	
2021	FORD	ECONOLINE		BUS	WHITE		
RESIDENTIAL A	DORESS (IF DIFFE	RENT THÂN MAILING)		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER			
GARAGE ADORE	E9\$	· ·		US DOT NUMBER FOR COMMERCIAL VEHICLE			
350 LINC	OLN ST ST	E 1111 HINGH	AM MA 0204				
NAME(S) OF OW	MER(6) AND MAIL!	NG ADDRESS		INSURANCE COMPANY			
	RKING SO	LUTIONS LLC TE 1111		OHIO SECURITY INSURANCE COMPANY			
HINGHAM	M MA 0204	3 ₂ 1579		MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE			
				14			
LESSEEAN CUS	TODY OF	<u>,</u>	<u> </u>	Qureus Zulen Registrar of Motor Vehicles			
SPECIAL MESSA	va£				CHANGE OF ADDRESS	RESIDENTIAL MAILING GARAGE	
If this ve		wly acquired, it	must be insp	ected within 7 days	3		
•							

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Subthail nei Gu Ortinal Vian Mass. Go. RAM for list of Available transfortion

VPNEPAR-01

CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

NAOMIPAVLIKOWSKI

DATE (MM/DD/YYYY) 5/2/2022

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Linda Bogardus PRODUCER NFP Property & Casualty Services, Inc. 45 Executive Drive Plainview, NY 11803 PHONE (A/C, No, Ext): (802) 651-3340 FAX (A/C, No): (802) 658-9419 E-MAIL ADDRESS: linda.bogardus@nfp.com **INSURER(S) AFFORDING COVERAGE** INSURER A: Liberty Mutual Fire Insurance Company 23035 INSURED INSURER B: **VPNE Parking Solutions, LLC** INSURER C: 350 Lincoln Street, Suite 1111 INSURER D : Hingham, MA 02043 **INSURER E:** INSURER F : **REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 2,000,000 AUTOMOBILE LIABILITY X AS2611262282031 10/8/2021 10/8/2022 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE CLAIMS-MADE **EXCESS LIAB** AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Insured is Self Insuring for Comprehensive and Collision Coverage Regarding Vehicles: 1FDFE4FNXMDC10962 Plate Number V98924 2021 Ford Ecoline 1FDFE4FSXHDC02579 Plate Number 39751 2017 All Star Bus 1FDFE4FS5GDC11155 Plate Number 39752 2016 All Star Bus 1FDEE3FN8MDC10710 Plate Number 11ACM 2021 Ford Ecoline For insurance purposes only CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. VPNF 350 Lincoln Street, Suite 1111

Hingham, MA 02043

AUTHORIZED REPRESENTATIVE

VPNEP

MASSACHUSETTS INSURANCE IDENTIFICATION CARD (STATE) X COMMERCIAL PERSONAL COMPANY COMPANY NUMBER Liberty Mutual Fire Insurance Company 23035 POLICY NUMBER **AS2611262282031** EFFECTIVE DATE EXPIRATION DATE 10/08/2021 10/08/2022 VEHICLE IDENTIFICATION NUMBER 1FDFE4FSXHDC02579 MAKE/MODEL 2017 Starcraft Alistar AGENCY/COMPANY ISSUING CARD NFP Property & Casualty Services, Inc. **45 Executive Drive** Plainview, NY 11803 (516) 327-2700 INSURED VPNE Parking Solutions, LLC 350 Lincoln Street, Suite 1111 Hingham, MA 02043

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

MASSACHUSETTS INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY

X COMMERCIAL

PERSONAL

23035

Liberty Mutual Fire Insurance Company

POLICY NUMBER **AS2611262282031**

EFFECTIVE DATE 10/08/2021

EXPIRATION DATE 10/08/2022

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2016

Starcraft Allstar

1FDFE4FS5GDC11155

AGENCY/COMPANY ISSUING CARD NFP Property & Casualty Services, Inc. 45 Executive Drive

Plainview, NY 11803

(516) 327-2700

INSURED

VPNE Parking Solutions, LLC 350 Lincoln Street, Suite 1111 Hingham, MA 02043

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ACORD 50 (2007/02)

VPNEPAR-01

NAOMIPAVLIKOWSK

MASSACHUSETTS INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

PANY X COMMERCIAL

23035

Liberty Mutual Fire Insurance Company

POLICY NUMBER **AS2611262282031**

EFFECTIVE DATE 10/08/2021

EXPIRATION DATE 10/08/2022

YEAR 2021 MAKE/MODEL
Ford Econoline

VEHICLE IDENTIFICATION NUMBER 1FDEE3FN8MDC10710

AGENCY/COMPANY ISSUING CARD NFP Property & Casualty Services, Inc. 45 Executive Drive Plainview, NY 11803

(516) 327-2700

PERSONAL

INSURED

VPNE Parking Solutions, LLC 350 Lincoln Street, Suite 1111 Hingham, MA 02043

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ACORD 50 (2007/02)

MASSACHUSETTS INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY

X COMMERCIAL

23035

Liberty Mutual Fire Insurance Company

POLICY NUMBER **A\$2611262282031**

EFFECTIVE DATE 10/08/2021

EXPIRATION DATE 10/08/2022

2021

MAKE/MODEL Ford Econoline VEHICLE IDENTIFICATION NUMBER 1FDFE4FNXMDC10962

AGENCY/COMPANY ISSUING CARD NFP Property & Casualty Services, Inc.

45 Executive Drive Plainview, NY 11803

(516) 327-2700

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ACORD 50 (2007/02)