

Public Safety & Transportation Committee Agenda

City of Newton In City Council

SPECIAL MEETING

Monday, December 9, 2019

6:30 PM Room 205

Items Scheduled for Discussion:

| #402-19 | Requesting renewal of bus license for Lasell University VPNE Parking Solutions, LLC, requesting biennial renewal of one (1) bus license for Lasell University. |
|---------|--|
| #403-19 | Requesting new public auto license <u>Michael Gimmelfarb</u> , 274 Dedham Street, Newton, MA 02461 requesting one (1) new public auto license for American Truck & Equipment, LLC. |
| #404-19 | Requesting new public auto license <u>DHANRAJ MAHASE</u> , 275 Grove Street, 2-400, Newton, MA 02466 requesting one (1) new public auto license for Mahase Livery Services, LLC. |
| #405-19 | Requesting renewal of public auto license <u>DHANRAJ MAHASE</u> , 275 Grove Street, 2-400, Newton, MA 02466 requesting renewal of one (1) public auto license for Mahase Livery Services, LLC. |
| #406-19 | Requesting renewal of public auto license <u>DONALD LAPLANTE</u> , 395 Lexington Street, Apt. 3, Auburndale, MA 02466 requesting renewal of one (1) public auto license for Don's Car Service. |
| #407-19 | Requesting renewals of taxi licenses <u>MICHAEL ANTONELIS,</u> 224 Calvary Street, Waltham, MA 02453, requesting renewal of thirty-seven (37) taxi licenses for Veterans Taxi of Newton, LLC. |

The location of this meeting is accessible and reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: <u>ifairley@newtonma.gov</u> or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.

Public Safety & Transportation Committee Agenda Monday, December 9, 2019 page 2

- #408-19
 Requesting renewals of taxi licenses

 GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of one (1) taxi license for HOLDEN'S TAXI, INC. MEDALLION #60
- #409-19
 Requesting renewals of taxi licenses

 GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of two (2) taxi licenses for NEWTONVILLE CAB CO, INC.
- #410-19
 Requesting renewals of taxi licenses

 GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of one (1) taxi license for NEWTON TAXI CO.

Respectfully submitted,

Allan Ciccone, Jr. Chair



#402-19 #402-19 Received \$10,00 Chech # 3 November 8, 2018 39802

To whom it may concern,

We are requesting a biennial application to operate one shuttle in the City of Newton for Lasell University. One shuttle will be operated on a set route for the university and stored on campus and another shuttle will also be stored on campus as a backup. Both shuttles have a 14 passenger capacity.

- The primary shuttle is registration number LV75327 and the VIN is 1FDEE3FL5GDC32165
- The backup shuttle is registration LV75337 and the VIN is 1FDEE3FL5GDC32165

Thank you for your consideration.

Tom Ayling

Operations Manager VPNE Parking Solutions, LLC

8 - AON 6102 ion, MA O -. UISO. PH 1:40

BUS LICENSE RENEWAL APPLICATION

(Company Name) (Company Address) (Company Phone Number) BUS LICENSE HOLDER: Kevin Lean (Owner Name) 2 vpne. com 617-451-1393 (email address Please list below for each Bus: **VEHICLE REGISTRATION # VEHICLE ID # ODOMETER** (805 1301) READING (VIN) - LV75327 IFPEE3FLXGDC32162 - 564215 LV75337 IFDEE3FL5GDC32165 (Bus 1302) * Pock 10 only * 48304

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AM Driver:

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Lasell Shuttle Ridership: Sunday

Date:

| FOREST SUITES | Riders | WOODLAND HALL | Riders | ARNOW CAMPUS CENTER | Riders | STAR MARKET | Riders | WOODLAND HALL | Riders | MARKET BASKET | Riders | MBTA/ RIVERSIDE | Riders |
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Driver:

#402-19

#579-18

| The Commonwealth of Massachusetts Department of Industrial Accidents I Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gow/dia Workers' Compensation Insurance Affidavit: General Businesses. |
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| Department of Industrial Accidents I Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia |
| Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia |
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| Boston, MA 02114-2017 www.mass.gov/dia |
| www.mass.gov/dia |
| Workers' Componention Insurance Affidavit: General Businesses. |
| |
| TO BE FILED WITH THE PERMITTING AUTHORITY. |
| Applicant mitor mation |
| Business/Organization Name: VPNE YARKING SOUTIONS |
| Address: 343 CONGRESS ST BOSTON, MA |
| City/State/Zip: BOSTON MA 02210 Phone #: 617-1451-1393 |
| Are you an employer? Check the appropriate box: |
| I TA I am a comployer with (+0° comployees (full and/)) - L touin |
| or part-time).* |
| 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. 7. Office and/or Sales (incl. real estate, auto, etc.) 8. Non-profit |
| No workers' comp. insurance required |
| 3 We are a corporation and its officers have exercised 9. Canet animent |
| their right of exemption per c. 152, §1(4), and we have 1 10. Manufacturing |
| no employees. [No workers' comp. insurance required]** 4. We are a non-profit organization, staffed by volunteers, 12. Other Shaff(& SVC+ Part-) was |
| the semployees No workers' comp, insurance red. |
| |
| *Any applicant that checks box #1 must also fill out the section below showing men workers compensation policy in required and such an **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/Tim: Boston, Mt |
| |
| (1/1) $(1/1)$ $(1/2)$ $(1/2)$ $(1/2)$ $(1/2)$ $(1/2)$ $(1/2)$ |
| Policy # or Self-ins. Lic. # A + 6 10 26 22 8 20 1 b Expiration Date: |
| Policy # or Self-ins. Lic. # O 1 / Contraction page (showing the policy number and expiration date). Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). |
| Policy # or Self-ins. Lic. # |
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| SPECIAL MESSAGE | | NSPECTE | ED WI | EWLY ACQUIRE THIN SEVEN (I. | • | | INGE OF ADDRESS | <u></u> | | | | | |

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.massrmv.com. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- · Cancel the registration plates if:
- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title for your records to document the transfer.
- 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.

 <u>No Insurance Card Required</u>: Massachusetts's law does <u>not</u> require an insurance card. The law, M.G..L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. An insurer is required by law to electronically notify the RMV 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.

• <u>Transferring Your Plates</u>: Massachusetts 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 <u>www.massrmv.com</u> for more information.

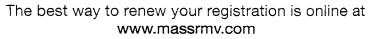
PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.

200610794

- 2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
- 3. Firmly rub the decal to adhere it to the plate.

For best results, bring decal to room temperature before affixing to the plate.





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#402-19

#579-18

| | EGISTRATION NUMBER | M.G. | ERTIFIC | EFFECTIVE DATE | akes | | | | ertifica ven | te ⁴ | CTION NUMBER | Divisio |
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| | websi | , you mus te: www.n ied above | t report any change of a nasermv.com. Once you | address to the R J have reported t | IMV with the addr | in 30 days in w ess change to t | iting. Adi he RMV, (| tress ci please | hanges (write co | can bi mected | made on the 1 address in b | RMV IX |

- Cancel the registration plates if:

- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title for your records to document the transfer.

- 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.

 No insurance Card Recuired: Messachusetts's law does not require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for a section 34A. bodily injury coverage and property demage insurance. An insure is required by law to electronically notify the RMV 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.

• <u>Transferring Your Plates</u>; Massachusetts 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 <u>www.masarmv.com</u> for more information.

PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.

200610793

2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.

3. Firmly rub the decal to adhere it to the plate.

For best results, bring decal to room temperature before affixing to the plate.

The best way to renew your registration is online at www.massrmv.com



Vehicle inspection Report



: 10.6%

Please Review This Important Information

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Your vehicle has PASSED both its MASSACHUSETTS COMMERCIAL MOTOR VEHICLE SAFETY TEST and its EMISSIONS TEST.

The results are summarized in this report. Keep a copy of the inspection documents with the vehicle as required by the Federal Motor Vehicle Safety Regulations for Inspection, Repair and Maintenance (49 CFR 396.21). Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

| Overall Result: Safety Result Emissions Result Start Test Date/Time Test Type Sticker Number Inspection Type Inspection Counter | PASS PASS 8/26/2019 11:30 AM 8/26/2019 11:36 AM Regular 202922187 Initial 1 | Vehicle Informati VIN License Plate Plate Type/State Vehicle Type Year / Make Model Fuel Type Engine Cyl / Size GVWR Odometer | 1FDEE3FLXGD LV75327 LVN / MA BUS 2016 Ford E-Series Chassis FLEXIBLE 8 / 5.4L 14000 55760 | 8 | DORCHESTER TIR 1160 DORCHESTE DORCHESTER (617) 436-0900 Station Number Workstation Number Inspector Number | R AVE MA | PB005235 MAW00001402 *****8471 |
|--|--|--|--|--|--|-------------|--------------------------------------|
| See Page 2 of this Commercial Vehicle S | | and the second sec | S | ase Inspect tation Labor spection T otal Inspec | or Rate ime | | per hour hour(s) |

| On-Board Diagnostic (OBD) Fampering Check Connector Result | PASS | Catalyst Heater | UNSUPPORTED | OBD Additional Data Miss Since Code Clearing 22364 Warm-Ups Since Code Clearing 14.1 |
|--|--|--|-------------------------------|--|
| PM Result (ey-On BulbCheck | N/A | Evaporative System Secondary Air System A/C System | UNSUPPORTED UNSUPPORTED | ORD Disgoostic Trouble Codes |
| ingine-Running Bulb Check Scan Tool Check Communication Result | PASS | Oxygen Sensor Oxygen Sensor Heater | READY READY UNSUPPORTED | |
| MIL Status Result Readiness Result | PASS | EGR and/or VVT System | WHO CE POILING | OBD Permanent Fault Codes |
| | | | | Scan to visit webs |
| VIR Number | n an | Bagos Transformación Transformación | | |
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| | | Page | 1 of 2 | |

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| | Massachus Commercia 906 Elm Str Concord, M Phone: (978 | l Vehicle eet A 01742 | Enforcemer | nt Sect | ion | | Insp Star Insp | ection D t: 9:30 Al ection L | ber: MAZG00 ate: 10/15/20 M ET End: 10 evei: V - Term on Type: Non- | 18 0:00 A M ET ninal |
| 343 CONGRE BOSTON, MA USDOT: 2068 | , 02210 3338 | Phone#: | 617)451-13 | 93 | Driver: License#: Date of B CoDriver: | irth: | | | | tate: |
| MC/MX#: 725 State#: Location: H-E Highway: County: SUF | BOSTON | Fax#: | C | lilepos)rigin: | License#: Date of B st: BOSTON, ition: BOS | irth: Shipper: N MA | I /A | | .ading: N/A PASSENGEF | tate: |
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| Unit Type Mal 1 BU CR BRAKE ADJU Axle # Right f Left f Chamber H | ke <u>Year</u> State O 2016 MA JSTMENTS 1 2 N/A N/A N/A N/A | Plate LV75337 | 1301 | | | | | <u></u> | | |

| <u>Report Prepared By:</u> W. Barry | Badge #. 0004 | Copy Received By: |
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| | Com 906 I Con | mercia Elm Sti cord, N | | Enforcement | Section | 1 | 1 | nspection D Start: 9:00 Al nspection L | ber: MAZG00 ate: 10/15/20 M ET End: 9 evel: V - Terr on Type: Non | 18 30 AM ET ninal |
| VPNE PARK 343 CONGR BOSTON, M USDOT: 200 MC/MX#: 72 State#: | RESS ST IA, 0221 58338 | REET | | (617)451-139 | Lic Da 03 Co Lic | iver: cense#: te of Birth: Driver: cense#: te of Birth: | | | - | tate: tate: |
| Location: H Highway: County: SU | |)N | | Oi | ilepost: rigin: BC | | per: N/A MA | Bill of L | .ading: N/A PASSENGEF | 8 |
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| BRAKE AD. A <u>xle #</u> Right Left Chamber I | JUSTME 1 N/A N/A HYDR H | 2 N/A N/A | | | | | | | | |
| VIOLATION | S:No vio | lations | were disc | overed | | - <u>- i</u> | | | | |
| HazMat: No | HM trar | sporte | d | | | | Placard | | Cargo Ta | nk: |

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| <u>Report Prepared By:</u> W. Barry | <u>Badge #:</u> 0004 | Copy Received By: | |
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#402ACHELRUBIN

DATE (MM/DD/YYYY) 10/9/2019

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| | THIS CERTIFICATE IS IS CERTIFICATE DOES NO BELOW. THIS CERTIFIC REPRESENTATIVE OR PE |

CERTIFICATE OF LIABILITY INSURANCE

SSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES CATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RODUCER, 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).

| PRODUCER | CONTACT LINDA BOGARDUS | | | | |
|---|---|---------------|--|--|--|
| NFP Property & Casualty Services, Inc. PO Box 2127 | PHONE (A/C, No, Ext): (802) 651-3340 FAX (A/C, No):(1 | 802) 658-9419 | | | |
| 620 Hinesburg Road | E-MAIL ADDREss: linda.bogardus@nfp.com | | | | |
| South Burlington, VT 05407 | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A : Liberty Mutual Fire Insurance Co | 23035 | | | |
| INSURED | INSURER B : Liberty Insurance Corp | 42404 | | | |
| VPNE Parking Solutions, LLC | INSURER C: Ohio Security Insurance Company | 24082 | | | |
| 343 Congress Street, 3rd Floor | INSURER D : Liberty Mutual Insurance Company | 23043 | | | |
| Boston, MA 02210 | | | | | |
| | INSURER F : | | | | |

| C | OVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
|---|-----------------------------|---|--|
| | | POLICIES OF INSURANCE LISTED BELOW HAVE | E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD |
| | INDICATED NOTWITHSTANDING | S ANY REQUIREMENT. TERM OR CONDITION OF | F 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 C | OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEE | N REDUCED BY PAID CLAIMS. |

| INSR | 1 | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | S | |
|------|----------|--|------|------|--------------------|----------------------------|-------------------------|--|----|------------|
| A | X | | | ***0 | | | (muss per r r r r r r r | EACH OCCURRENCE | \$ | 1,000,000 |
| | Ê | CLAIMS-MADE X OCCUR | x | | TB2-611262282-029 | 10/8/2019 | 10/8/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 0 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | N'L AGGREGATE LIMIT AP <u>PLIE</u> S PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GE | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| í | | | | | | | | | \$ | |
| A | AU | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 2,000,000 |
| | X | ANY AUTO | | | AS2-611-262282-039 | 10/8/2019 | 10/8/2020 | BODILY INJURY (Per person) | \$ | |
| i | | OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | - | | |] | | | | | \$ | |
| В | X | | | | | | | EACH OCCURRENCE | \$ | 25,000,000 |
| - | Ê | EXCESS LIAB CLAIMS-MADE | | | TH7611262282-049 | 10/8/2019 | 10/8/2020 | AGGREGATE | \$ | 25,000,000 |
| | \vdash | DED X RETENTION\$ 10,000 | וא | | | | 1 | | \$ | |
| B | wo | REPEATION DEMPLOYERS' LIABILITY | | 1 | | | | X PER OTH- | | |
| - | | | | | WA7-61D262282-019 | 10/8/2019 | 10/8/2020 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | ÔF | Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | es, describe under SCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | s | 1,000,000 |
| c | _ | SCRIPTION OF OPERATIONS Delow | | | BKS-20-57599096 | 10/8/2019 | 10/8/2020 | ALS up to 12 months | | 1,124,864 |
| | | nployee Dishonesty | | 1 | FI4NABVKYR001 | 10/8/2019 | 10/8/2020 | \$75,000 Ded | | 1,000,000 |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Garagekeepers/ Other States Policy: Liberty Mutual Fire Ins Co. #AS2-611-262282-039

Term 10/08/19 to 10/08/20

Primary \$1,000,000 Limit with \$10,000 ded Comp & Collision included on the auto policy.

Garage Liability/ All States Policy: Liberty Mutual Fire Ins Co. #AS2-611-262282-039 Term 10/08/19 to 10/08/20 \$1,000,000 Limit

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Lasell College 1844 Commonwealth Avenue Newton, MA 02466-2716 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE Mill T Will |

The ACORD name and logo are registered marks of ACORD

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| ACORD' |
|--------|
| |

AGENCY CUSTOMER ID: VPNEPAR-01

LOC #: 1

#402-19HELRUBIN

Page 1 of 1

ADDITIONAL REMARKS SCHEDULE

| | NAMED INSURED VPNE Parking Solutions, LLC 343 Congress Street, 3rd Floor | |
|--------------------|--|---|
| POLICY NUMBER | | Boston, MA 02210 |
| | | |
| NAIC CODE | | |
| SEE PAGE 1 SEE P 1 | | EFFECTIVE DATE: SEE PAGE 1 |
| | | 343 Congress Street, 3rd Floor Boston, MA 02210 NAIC CODE |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

MA Garagekeepers: #2705396 Term 11/10/2018 to 11/10/2019 \$1,000,000 Max Limit for all locations scheduled with \$1,250 Max Deductible Comp & Collision

Professional Errors & Omissions: #003312302 Term 10/08/19 to 10/08/20 \$1,000,000 Limit with \$5,000 Retention

Excess Umbrella - XL Insurance America Inc. #US00094843LI19A Term 10/08/19 to 10/08/20 \$15,000,000 each occur/Aggregate with \$10,000,000 Retention

Re: Shuttle Services Lasell College is listed as Additional Insured under the General Liability per CGL Form 2010 04/13, when required by written contract agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

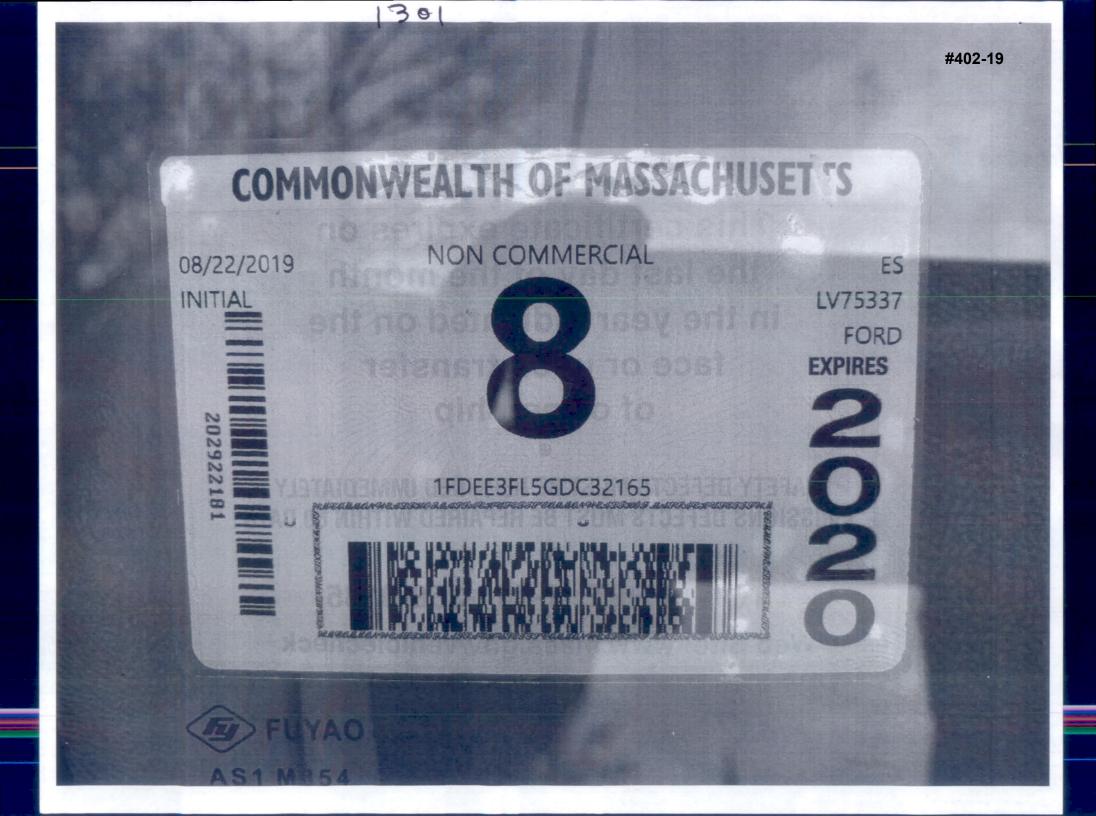
SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|--|--|
| All persons or organizations who you are required to name as Additional Insured per written contract or agreement, prior to an "occurrence" or offense | Any location listed in such agreement |
| Information required to complete this Schedule, if not sho | wn above, will be shown in the Declarations. |

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10-31-19. American Truck a Equipment SALES, LLC #403-19 274 Decham st Newton MA. 02461 Keceived 617-834-5964 Michael Gimmelfarb \$25 cash Dwner.

To whoum it my concern! I'm requesting one (1) public Auto transport license

Thanks! Michael Gimmelfarb M.G

019 OCT 31 AM II: 4

APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC **AUTO/EXCLUSIVE TAXI STAND**

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

- 1. Name of Applicant: Michael Gimme Gene
- 2. Business Name: American Fruck & Equipment saler Business Address: 274 Dedkam 3t New ton MA-02461 Business Teles Business Telephone Number: 617-834-5964 email address: mgim avenizon net
- 3. Total number of Licenses:

PUBLIC AUTO = f

TAXI LICENSE =

4. If applicable, *list ALL address locations* of EXCLUSIVE TAXI STANDS:

NIA

- 5. Please specify the type of business entity (sole proprietorship, partnership or corporation): 1LC-

6. If the business is a sole proprietor, please state the full name and address of the owner: Michael Gimmelfard 274 Dedham st Newton MA. 02461

7. If the business is a partnership, please state the name and address of each partner:

NA

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

NA

9. Please provide the name, title and business telephone number of the person to contact concerning complaints: Michael Gimmelfard 617-834-5964

TAXI LICENSE/PUBLIC AUTO APPLICATION

| LICENSE HOLDER: | Michael Gim | melfarb An | nerican Gruch | & Equipmen | it 617. | - 834 - 5964 |
|--------------------------|--------------|-----------------------|---------------------|---------------------------|---|---|
| | (Owner Name) | / (Comp | any Name) | (Company Addr | ess) (Co | mpany Phone Number) |
| | Mgima 1/02. | zon.net | | | | |
| Please list below for ea | ch vehicle: | | | | | |
| MASS. REG.# TAXI/PA # | MEDALLION # | VEHICLE ID # (VIN) | ODOMETER READING | TAXI METER SERIAL # | 1 ST INSPECTION (mileage & meter #) | 2 nd INSPECTION (mileage & meter #) |
| 1. LV. 76277 | 7 | BAFLEES | SA687895 | ISOK | · | |
| 2. MB | GL350 | | | | | |
| 3 | | | | <u></u> | | |
| 4 | | | | | | |
| 5 | - 1454 | | | | | |
| <u>6.</u> | <u></u> | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10. | | | ······ | | | |

| The Commonwealth | of Massachusetts |
|---|---|
| Department of Ind | |
| 1 Congress Stre | |
| Boston, MA (| - |
| www.mass | .gov/dia |
| Workers' Compensation Insurance | |
| TO BE FILED WITH THE PE Applicant Information | Please Print Legibly |
| | |
| Business/Organization Name: | : |
| Address: | |
| City/State/Zip: | Phone #: |
| Are you an employer? Check the appropriate box: | Business Type (required): |
| 1. I am a employer with employees (full and/ | 5. 🗌 Retail |
| or part-time).* 2. I am a sole proprietor or partnership and have no | 6. Restaurant/Bar/Eating Establishment |
| employees working for me in any capacity. | 7. Office and/or Sales (incl. real estate, auto, etc.) |
| [No workers' comp. insurance required] | 8. Non-profit |
| 3. We are a corporation and its officers have exercised | 9. Entertainment |
| their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]** | 10. Manufacturing |
| 4. We are a non-profit organization, staffed by volunteers, | 11. Health Care |
| with no employees. [No workers' comp. insurance req.] | 12. Other |
| *Any applicant that checks box #1 must also fill out the section below showing the **If the corporate officers have exempted themselves, but the corporation has other | ir workers' compensation policy information. r employees, a workers' compensation policy is required and such an |
| organization should check box #1. | and for any family of the second s |
| I am an employer that is providing workers' compensation insure | |
| Insurance Company Name: | |
| Insurer's Address: | |
| City/State/Zip: I don't have | oue M.C. |
| | |
| Policy # or Self-ins. Lic. # | page (showing the policy number and expiration date). |
| Failure to secure coverage as required under Section 25A of MGL | |
| fine up to \$1,500.00 and/or one-year imprisonment, as well as civi | l 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 Investigations of the DIA for insurance coverage verification. | of this statement may be forwarded to the Office of |
| | |
| 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 | o city or town official. |
| City or Town: Per | mit/License # |
| Issuing Authority (circle one): | |
| 1. Board of Health 2. Building Department 3. City/Town Cl 6. Other | lerk 4. Licensing Board 5. Selectmen's Office |
| | Phone #: |
| Contact Person: | |
| www.mass.g | jov/dia |
| | |
| | |
| | |

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IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 08-05-2008

Employer Identification Number: 26-3114478

Form: SS-4

Number of this notice: CP 575 B

AMERICAN TRUCK & EQUIPMENT SALES LLC MICHAEL GIMMELFARB MBR 274 DEDHAM ST NEWTON, MA 02461

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-3114478. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

| | n Francis Galvin ry of the Commonwealth o | f Massachusetts | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|
| orporation | ns Division | | | | | | | | | | |
| Business E | ntity Summary | | | | | | | | | | |
| ID Number: 2631 | 14478 | Request certificate New search | | | | | | | | | |
| Summary for: AM | ERICAN TRUCK & EQUIPME | NT SALES, LLC | | | | | | | | | |
| The exact name of the Domestic Limited Liability Company (LLC): AMERICAN TRUCK & EQUIPMENT SALES, LLC | | | | | | | | | | | |
| Entity type: Domestic Limited Liability Company (LLC) | | | | | | | | | | | |
| Identification Nu | nber: 263114478 | Old ID Number: 000983751 | | | | | | | | | |
| Date of Organizat 06-2008 | ion in Massachusetts: 08- | | | | | | | | | | |
| | | Last date certain: | | | | | | | | | |
| The location or ac location or address | | e maintained (A PO box is not a valid | | | | | | | | | |
| Address: 274 DED | IAM STREET | | | | | | | | | | |
| City or town, State, Country: | Zip code, NEWTON, MA | A 02461 USA | | | | | | | | | |
| The name and add | dress of the Resident Agent | • | | | | | | | | | |
| Name: MICHAEL | GIMMELFARB | | | | | | | | | | |
| Address: 274 DED | HAM ST. | | | | | | | | | | |
| City or town, State, Country: | Zip code, NEWTON, M | A 02461 USA | | | | | | | | | |
| The name and bu | siness address of each Man | ager: | | | | | | | | | |
| Title | Individual name | Address | | | | | | | | | |
| MANAGER | MICHAEL GIMMELFARB | 274 DEDHAM STREET NEWTON, MA 02461 USA | | | | | | | | | |
| In addition to the authorized to exe | manager(s), the name and cute documents to be filed | business address of the person(s) with the Corporations Division: | | | | | | | | | |
| Title | Individual name | Address | | | | | | | | | |
| SOC SIGNATORY | MICHAEL GIMMELFARB | 274 DEDHAM STREET NEWTON, MA 02461 USA | | | | | | | | | |
| The name and bu deliver, and reco property: | siness address of the perso d any recordable instrumer | n(s) authorized to execute, acknowledge, nt purporting to affect an interest in real | | | | | | | | | |
| Title | Individual name | Address | | | | | | | | | |
| REAL PROPERTY | MICHAEL GIMMELFARB | 274 DEDHAM STREET NEWTON, MA 02461 USA | | | | | | | | | |

| And a second second | ASSDOT | | RTIFIC/ hapter 90 Sect | | - | | | | | _ | ₽₩₩¥ | livision | |
|---------------------|----------------------------------|--|---|----------------|--------|--------------------|------------------|------------------------|---|------------------|---|---|--|
| PLATE TYPE | REGISTRATION NUMBER | REGISTRATION TY | PE | EFFECTIVE DAT | E | EXPIRES | | MONTH | YEAR TRANS | | ACTION NUMBER | | |
| LVN | LV76277 | I | IVERY | 08/01 | /19 | LAST DAY OF | ▶ 07 21 | | | 9 | 92917600007093 | | |
| MFRS MODEL YEA | | MODEL GL350 | BODY STYLE/TYPE SUV | COLOR | BLA | CK | 54 C 143 M C 165 | lid witho ture of R | 10 M + M M + M | 949. J. C. S. S. | IF VEHICLE CARRYING PASSENGERS FOR HIRE: | TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER. | |
| | ICATION NUMBER | 895 . \$ | GE COMPANY SAFETY INSU | 86A 2494584 | | s C. | Jury | ny | MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 5 | | | | |
| NAME(S) OF OWN | 014153 * AMERICAN 274 DEDH | | HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | | FEES | SALES | L PLATES | | (|).00).00).00).00).00 | |
| | | REGIST | TTS DEPARTM RY OF MOTOR database constitute | VEHICLE | S DIVI | SION | - | | | | | | |
| SPECIAL MESSAG | | SPECTED WI | EWLY ACQUIRED THIN SEVEN (7 | - | | NGE OF ADDRESS | | • | | | | | |
| | | | - | | CIT | Y. STATE. ZIP CODE | | | | | | | |

- Important Information for Vehicle Owners
- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.mass.gov/rmv. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- · Cancel the registration plates if:
- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title for your records to document the transfer.
- 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.

 <u>No Insurance Card Required</u>: Massachusetts's law does <u>not</u> require an Insurance card. The law, M.G..L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. An insurer is required by law to electronically notify the RMV 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.

• <u>Transferring Your Plates</u>: Massachusetts 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 <u>www.mass.gov/rmv</u> for more information.

PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.

1507400

3

2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.

3. Firmly rub the decal to adhere it to the plate.

For best results, bring decal to room temperature before affixing to the plate.



The best way to renew your registration is online at www.mass.gov/rmv

<u>#403-19</u>

| DATE (MM/DD/YYYY) | DATE | |
|-------------------|------|--|
| 07/02/2010 | 07 | |

| ACC | ORD CERI | TIFICATE OF LI | ABILITY | INSURA | NCE #4 | 03-19 DATE (MM/DD/YYYY) 07/02/2019 | | |
|-------------------------------|--|--|--|------------------|--|--|--|--|
| 2001 BE | IN INS AGENCY ACON ST | | ONLY AND HOLDER. T | CONFERS NO R | AS A MATTER OF INFOI IGHTS UPON THE CER DOES NOT AMEND, EXT ORDED BY THE POLICIES | RMATION TIFICATE END OR | | |
| BRIGHT 617 731 | ON, MA 02135 -4554 | | INSURERS AF | | AGE | NAIC # | | |
| NSURED | , | | INSURER A: SA | FETY INSURANCE | E CO. | | | |
| | | EQUIPMENT SALES LLC | INSURER B: | | | | | |
| | 274 DEDHAM ST | | INSURER C: | | | | | |
| | NEWTON, MA 02461 | | INSURER D: | | | | | |
| | | | INSURER E: | | | | | |
| ANY REC PERTAIN POLICIE | 3ES LICIES OF INSURANCE LISTED BELOV QUIREMENT, TERM OR CONDITION O N, THE INSURANCE AFFORDED BY TH S. AGGREGATE LIMITS SHOWN MAY | FANY CONTRACT OR OTHER DOC E POLICIES DESCRIBED HEREIN IS | UMENT WITH RES S SUBJECT TO ALL | PECT TO WHICH TH | HIS CERTIFICATE MAY BE IS | SSUED OR MAY | | |
| NSR ADD'L | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | DATE (MM/DD/YY) | LiMit | S | | |
| | GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ | | |
| [| | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | \$ | | |
| | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | PERSONAL & ADV INJURY | \$ | | |
| | | | | | GENERAL AGGREGATE | \$ | | |
| | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| × | POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO | 2704787 | 05/21/2019 | 05/21/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,00 | | |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ | | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | | |
| | [| | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EAACCIDENT | \$ | | |
| | ANY AUTO | | | | OTHER THAN EA ACC AUTO ONLY: AGG | \$ \$ | | |
| -+ + | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ | | |
| | | | | | AGGREGATE | \$ | | |
| | | | | | | \$ | | |
| | DEDUCTIBLE | | | | | \$ | | |
| | RETENTION \$ | | | | | \$ | | |
| WOR | ERS COMPENSATION AND OYERS' LIABILITY | | | | | | | |
| | PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ | | |
| OFFIC | ER/MEMBER EXCLUDED? | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| SPEC | describe under IAL PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| OTHE | R | | | | COLL 1000 COMP 1000 | | | |
| 2016 M | DN OF OPERATIONS / LOCATIONS / VEHICLE ERZ GL350 VIN: 4JGDF2EE | 5GA687895 LICENSI | ient7special prov E S77379285 | ISIONS | I | | | |
| - | | | CANCELLATI | ON | <u> </u> | | | |
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#404-19 & #405-19

2019

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APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Halks City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

- 1. Name of Applicant: Dhanraj Mahase
- Business Name: Mahase Livery Service ,LLC Business Address: 275 Grove St 2-400 Newton MA Business Telephone Number: 774-444-9888 email address: Dhanraj.mahase@gmail.com
- 3. Total number of Licenses:

PUBLIC AUTO = 2

TAXI LICENSE =

4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

Limo Non Taxi

5. Please specify the type of business entity (sole proprietorship, partnership or corporation): Sole Proprietorship

6. If the business is a sole proprietor, please state the full name and address of the owner: Dhanraj Mahase

60 Solon St Newton MA 02461

7. If the business is a partnership, please state the name and address of each partner:

None

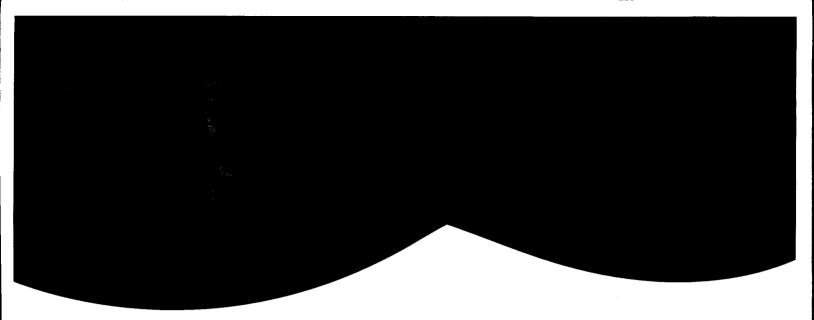
8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

None

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

Dhanraj Mahase Owner (Cell)774-444 -9888

pd \$ 50.00 Credit card



Dear,

City Council I am writing this letter for your consideration for renewal of Mahase Livery service, LLC for the new year of 2019. All permits and forms have been summited to the town hall, as well any outstanding fee's that needed to be paid.

Dhanraj Mahase CEO

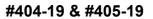
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TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

| LI | CENSE HOLDER: | Dhanraj Mahase | Maha | ase Livery | Service,LLC | 275 Grove St 2 | -400 Newton MA | 774-444-9888 | | |
|------------|--------------------------|-----------------|-----------------------|-------------|--------------|---------------------------|---|-------------------|-------|--|
| | | (Owner Name) | (Comp | any Name | e) | (Company Addr | ess) | (Company Phone Nu | mber) | |
| | | Dhanraj Mahase@ | gmail.com | | | | | | | |
| | | (email address) | | | | | | | | |
| Ple | ase list below for eac | ch vehicle: | | | | | | | | |
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| <u>2.</u> | LVN81607 | | 1GYS4JKJ0KR2 | 88751 | 11,550 | | | | | |
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| Registry of Meter Vehicles |

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VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS

SPI3061T 08/2018

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| | DÉS | CRIPTION OF OPER | OITAS | NS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
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| Mas | sepo | rt is listed as Add | itiona | al Insured. | | | | | | | | | |
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| If SURGCATION IS WAYED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement of this certificate holder in lice of auch endorsement(s). PRODUCER Lighthouse Insurance Agency. Ltd Uphonue Insurance Agency. Ltd Provide Lighthouse Insurance Agency. Ltd Y 70 West Broadway Provide Lighthouse Insurance Agency. Ltd South Boston MA 02127 Namee Provide Lighthouse Insurance Company Add Neet IN Elev Agency. Ltd Provide Lighthouse Insurance Company MAMASE LIVERY SERVICE LLC Provide Lighthouse Insurance Company Add Neet IN Elev Agency. Ltd Provide Lighthouse Insurance Company Maximum Agency. Ltd Provide Lighthouse Insurance Company Add Neet IN Elev Agency. Ltd Provide Lighthouse Insurance Company Maximum Agency. Ltd Maximum Agency. Ltd Maximum Agency. Ltd Maximum Agency. Ltd Maximum Agency. Ltd Maximum Agency. Ltd Maximum Agency. Ltd Maximum Agency. Lt | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 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 | | | | | | | | | | |
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| TO West Broadway South Boston MA 02127 MSURER A: Lancer Insurance Company South Boston MA 02127 MSURER A: Lancer Insurance Company 29077 MSURER D: MSURER A: Lancer Insurance Company 29077 MSURER D: M | | | | | | NAME: | | | FAX | (617) | 464-3888 |
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| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | 1 Harborside Drive #200 | | | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | |
| AUTHORIZED REPRESENTATIVE | | | | | | AUTHO | RIZED REPRESEN | | ~ ~ | | |
| East Boston MA 02128 Brian Boucher | | East Boston | | | MA 02128 | | | | Brian Bouch | ier | |

The ACORD name and logo are registered marks of ACORD

WORKERS COMPENSATION AND EMPLOYERS LIABILITY **INSURANCE POLICY**

175 Berkeley Street Boston, MA 02116

AR **INFORMATION PAGE**

Issued by LM INSURANCE CORPORATION

27243 Issuing Office 016C

WC5-31S-618874-019 Policy Number WC5-31S-618874-018 RENEWAL OF: Account Number 1-618874

1. Insured and Mailing Address MAHASE LIVERY SERVICE LLC

123 ANTWERP STREET UNIT 414

BRIGHTON, MA 02135

Status 46 - LIMITED LIABILITY CO Other workplaces not shown above: SEE ITEM 4. PREMIUM - EXTENSION OF INFORMATION PAGE

2. Policy Period: The policy period is from 05-01-2019 to 05-01-2020 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: MA
- 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 | \$ 500,000 | each accident |
|---------------------------|---------------|---------------|
| Bodily Injury by Disease | 500,000 | policy limit |
| Bodily Injury by Disease | \$ 500,000 | each employee |

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: **SEE END WC 20 03 06B**
- D. This policy includes these endorsements and schedules: SEE 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 | | ium Basis Total Annual Remunera | ation | Rate per \$100 of Remuneration | Estimated Annu Premium | ıal |
|---|----------------|-------------|------------------------------------|-------|-----------------------------------|---------------------------|-------|
| | See E | xtension of | nformation Page | | | | |
| Minimum Premium Premium will be billed | \$ ANNUAL | 297 | (MA) | Tota | al Estimated Annual P | remium \$ | 2,172 |

Producer 0004-165360 LIGHTHOUSE INS AGENCY LIMITED 470 WEST BROADWAY S BOSTON MA 02127

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05-06-19 Issue Date Sub Account 0000

RISK ID

001113874

Extension of Information Page WC 00 00 01 A Item 4.

| | Classification of Operations | | Pre | emium Basis | Rate | | |
|--------------------------|---|--------------|-----|------------------------------------|------------------------------|----------|-----------------------------|
| | item, except as specifically provided elsewhere in this not modify any of the other provisions of this policy | Code No. | | mated Total An- al Remuneration | Per \$100 Of Remuneration | | Estimated Annual Premium |
| 0001-01 N E S N | AAHASE LIVERY SERVICE LLC TEIN # 82-3042035 SIC CODE 4142 WAIC CODE 485510 L23 ANTWERP STREET UNIT 414 BRIGHTON MA 02135 | | | | | | |
| | BUS CO: ALL OTHER EMPLOYEES & DRIVERS | 7382 | \$ | 50,400 | 3.38 | \$ | 1,704.00 |
| E | BUS CO: GARAGE EMPLOYEES | 8385 | | IF ANY | 2.56 | \$ | 0.00 |
| | | | | | | | |
| OTAL CLA | SS PREMIUM | | | | | \$ | 1,704.00 |
| NCREASE | LIMITS 1.01 | 9807 | | | | \$ | 17.00 |
| | MUM DIFFERENCE | 9848 | | | | \$ | 33.00 |
| TANDARD | | | | | | \$ | 1,754.00 |
| XPENSE C | | 0900 | 1 | | | \$ | 338.00 |
| | RISK INS ACT | 9740 | 1 | | | e | 15 00 |
| 002 ACHWC (S | .03 URCHARGE) 1.0383 | 9740 0936 | | | | \$ \$ | 15.00 65.00 |
| INAL TOT | | | | | | \$ | 2,172.00 |
| OLICY TO | TAL ESTIMATED COST | | | | | \$ | 2,172.00 |
| vnerience N | Adification: | RISK ID | | 1113874 | | | |

Policy No. WC5-31S-618874-019

Page No. 1



Commonwealth of Massachusetts

County of Middlesex

City of Newton

Certificate Stating Real Name of Person Transacting Business

In accordance with the provisions of Section 5 of Chapter 110 of the General Laws, Notice is hereby given that business is being conducted under the name of:

| Business Name: | Mahase Livery Service | | | |
|-----------------------|--|--|--|--|
| Proposed Use: | transportation service | | | |
| Location: | 60 Solon Street, Newton Highlands MA 02461 | | | |
| The full name and | address of each person conducting such business: | | | |
| Name: | Dhanraj Mahase | | | |

| Name: | Dhanraj Mahase |
|----------|--|
| Address: | 123 Antwerp Street Unit 414, Brighton MA 02135 |
| Name: | Vinay Metra |
| Address: | 60 Solon Street, Newton Highlands MA 02461 |

Notes:

I hereby certify that this business address is in the following Zoning District, and is an allowed use in accordance with the revised Zoning Ordinances of the City of Newton.

| Zoning District: | SR3 | | | | | | | | | |
|------------------|-----------|--------------------|-----------------|---------|--|--|--|--|--|--|
| Attest: | ISD | | | | | | | | | |
| | Inspectio | onal Services Depa | artment Officia | 1 | | | | | | |
| Received: | Date: | 10/27/2017 | Time: | 9:07 AM | | | | | | |
| | Book: | 56 | Page: | 403 | | | | | | |
| | Expires | 10/27/2021 | | | | | | | | |

And entered in records of business titles in the City Clerk's office in the City of Newton.