



Public Safety & Transportation Committee Agenda

City of Newton **In City Council**

Wednesday, December 6, 2017

7:00 PM
Room 205

Items Scheduled for Discussion:

- #390-17 Requesting renewal of bus license for Lasell College**
VPNE Parking Solutions, LLC, requesting renewal of **one (1) bus license** for Lasell College.
[11/21/17 @ 11:36 AM]
- #391-17 Requesting new public auto license**
ANDREW WANTATE, 161 North Street, Newtonville, MA 02460 requesting **one (1) public auto license** for Covenant Transportation, Inc. [10/12/17 @ 11:38 AM]
- #392-17 Requesting new public auto license**
DHANRAJ MAHASE, 60 Solon Street, Newton, MA 02461 requesting **one (1) public auto license** for Mahase Livery Services, LLC. [11/20/17 @ 10:14 AM]
- #393-17 Requesting renewals of public auto licenses and taxi licenses**
MICHAEL ANTONELIS, 224 Calvary Street, Waltham, MA 02453, requesting renewal of **two (2) public auto licenses and forty-six (46) taxi licenses** for Veterans Taxi of Newton, LLC. [10/31/17 @ 1:41 PM]
- #394-17 Requesting renewals of taxi licenses**
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459 requesting renewal of **three (3) taxi licenses** for Holden's Taxi Inc. [11/03/17 @ 12:52 PM]
- #395-17 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. [11/03/17 @ 12:52 PM]

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: jfairley@newtonma.gov or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.

#396-17 Requesting renewals of taxi licenses

GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459 requesting renewal of **three (3) taxi licenses** for Newton Taxi Co. [11/03/17 @ 12:52 PM]

Referred to Public Safety & Transportation and Public Facilities Committees

#397-17 Request for amendment to the ordinance requiring snow removal from sidewalks

COUNCILOR DANBERG requesting that §26-8(D) of the City of Newton Rev. Ords., 2012 be amended to make the trial program for removal of snow and ice from sidewalks permanent.

Referred to Public Safety & Transportation and Public Facilities Committees

#378-17 Request for Approval of West Newton Square Enhancement Project

COMMISSIONER OF PUBLIC WORKS AND COUNCILORS COTE, HESS-MAHAN & BROUSAL-GLASER requesting approval pursuant to §26-51 for the West Newton Square Enhancements Project on Washington Street running approximately from Chestnut Street to Lucas Court, for construction of the West Newton Square Enhancements Project.

**Public Facilities Approved 4-0-2 on 11/29/17, Councilors Gentile and Lappin abstaining
Public Safety & Transportation Held 3-0-2 on 11/29/17, Councilors Cote and Blazar abstaining**

Clerk's Note: It is the Chair's intention to entertain a motion to vote No Action Necessary on the following five (5) items:

Item Recommitted by the City Council to Public Safety & Transportation Committee on November 20, 2017

#338-17 Proposed Ordinance amendment to Chapter 19 Section 190 Overtime Parking

DAVID KOSES, TRANSPORTATION COORDINATOR, requesting revision to **Sec. 19-190. Overtime parking**. To be clearer and more enforceable. [10/23/17 @ 3:50 PM]

Item Recommitted by the City Council to Public Safety & Transportation Committee on July 10, 2017

Referred to Public Safety & Transportation and Finance Committees

#175-17 Appropriate \$150,000 from Cable Fees for video cameras for 30 traffic signals

HIS HONOR THE MAYOR, requesting authorization to appropriate and expend eighty thousand four hundred seventy-seven dollars (\$80,477) from Cable TV Capital Franchise Fees and sixty-nine thousand five hundred twenty-three dollars (\$69,523) from Cable TV Operating Franchise Fees for the installation of video cameras on approximately 30 traffic signals in Newton. [05/30/17 @ 2:38 PM]

#119-17 COUNCILORS NORTON, ALBRIGHT AND COTE, requesting a discussion regarding the MBTA's plans to redesign the Auburndale commuter rail stop and concerns about resulting reduction in service. [04/24/17 @ 6:33 AM]

Referred to Programs & Services and Public Safety & Transportation Committees

- #46-17** **Discussion regarding how community policing works**
COUNCILOR ALBRIGHT, requesting a discussion with the Chief of Police and/or members of his department to explain to the City Council how “community policing” works in Newton, how it differs from traditional policing, how staffing differs from traditional departments, and how it benefits Newton. [02/20/17 @ 3:21 PM]

Item referred by the City Council to the Programs & Services Committee on October 2, 2017

Item referred by the City Council to the PS&T and Finance Committees on September 18, 2017

Referred to Zoning and Planning Committee

- #140-14 (2)** **Amend ordinances to add licensing requirements and criteria for lodging houses**
ZONING & PLANNING COMMITTEE requesting to amend Chapter 17, City of Newton Ordinances, to establish licensing requirements and criteria for lodging houses.
Programs & Services Held 5-0 on 10/18/17, Councilor Sangiolo not voting.
Public Safety & Transportation Held 6-0 on 10/18/17, Councilors Fuller and Norton not voting.

Respectfully submitted,

Allan Ciccone, Jr. Chair

BUS LICENSE RENEWAL APPLICATION

BUS LICENSE HOLDER: VPNE PARKING SOLUTIONS LLC 343 CONGRESS ST BOSTON 02210
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)
BMC GONAGLE @ VPNE.COM 617.451.1393
 (email address)

Please list below for each Bus:

	VEHICLE REGISTRATION #	VEHICLE ID # (VIN)	ODOMETER READING
1.	IFDEE3FLXGDC32162		
2.			
3.			

Received
 \$ 10.
 Check
 (1) BUS
 License
 for Lasell
 College

RECEIVED
 Newton City Clerk

2017 NOV 21 AM 11:36

David A. Olson, CMC
 Newton, MA 02459

CONTACT INFORMATION:

~~John Kennedy~~ Rob Winsor
Chief of Police / Director of Public Safety
Lasell - ~~Mount Ida College~~ Police Department
1844 Commonwealth Ave.
Newton, MA 02644
(617) 243-2370 (Office)
(617) 243-2279 (Main)
(617) 243-2342 fax



Lasell-Mount Ida
College Police Department

VPNE
Parking Solutions

Bill McGonagle
Director of Shuttle Services

C: (617) 908.3271 | F: (617) 439.6788 | E: bmcgonagle@vpne.com

vpne.com

343 Congress Street, 3rd Floor
Boston, Massachusetts 02210

Danielle Delaney

From: Danielle Delaney
Sent: Friday, December 01, 2017 9:41 AM
To: John J. Babcock
Subject: FW: One renewal Lasell College - Bus License

Hi,

Answer to your question from Chief Rob Winsor. Q. Are the two parking lots now open for student parking or are they still restricted?

Danielle

From: Winsor, Robert [<mailto:RWinsor@lasell.edu>]
Sent: Friday, December 01, 2017 9:26 AM
To: Danielle Delaney
Subject: RE: One renewal Lasell College - Bus License

Good morning Danielle,

I will be happy to attend the PS&T meeting on 12-6-2017 at 6:00 pm.

Addressing Sgt Babcock's questions:

Central Lot is open and being used. The Grove Street Lot has had a lot of work done to it in the past month since the Modular Classrooms have been removed. The last touches are being done on it today and barring any issues, it should be open later this afternoon.

If you have any other questions, please let me know.

Chief Winsor

From: Danielle Delaney [<mailto:ddelaney@newtonma.gov>]
Sent: Friday, December 1, 2017 9:14 AM
To: Winsor, Robert <RWinsor@lasell.edu>
Subject: FW: One renewal Lasell College - Bus License

Hi Chief Winsor,

Sgt. Babcock reviewed your request of renewal for one bus license. Councilor Ciccone ask that I invite you to attend PS&T meeting on Wednesday, December 6, beginning at 7:00 p.m., City Hall, Room 205.

Please address Sgt. Babcock email below and forward to me.

Thank you

Danielle

Danielle Delaney

Committee Clerk

City Council

617-796-1211

ddelaney@newtonma.gov

From: John J. Babcock
Sent: Thursday, November 30, 2017 5:52 PM
To: Danielle Delaney
Subject: Re: One renewal Lasell College - Bus License

Hi:

It looks okay.

The only question for the Lasell Chief outside of the bus and route is:

Q. Are the two parking lots now open for student parking or are they still restricted?

Thanks

Jay

Sgt. J. Babcock
Newton Police Department
Traffic Bureau
25 Chestnut Street
West Newton, MA
02465
Office (617) 796-2175
Fax (617) 796-3687

From: Danielle Delaney
Sent: Wednesday, November 29, 2017 11:28:00 AM
To: John J. Babcock
Subject: One renewal Lasell College - Bus License

Hi Sgt.

Attached is Lasell Bus Application (just one renewal) for your review and approval.

I scheduled this renewal for Wednesday, December 6, at PS&T. I will invite Bill McGonagle, the vendor and Chief Winsor from Lasell to the meeting.

Please let me know if you have any questions
Thank you
Danielle

When responding, please be aware that the Massachusetts Secretary of State has determined that most email is public record and therefore cannot be kept confidential.

Danielle Delaney

From: John J. Babcock
Sent: Monday, November 27, 2017 9:46 AM
To: Danielle Delaney
Subject: Re: Lasell shuttles

Thank you.
Jay

Sgt. J. Babcock
Newton Police Department
Traffic Bureau
25 Chestnut Street
West Newton, MA
02465
Office (617) 796-2175
Fax (617) 796-3687

From: Danielle Delaney
Sent: Monday, November 27, 2017 9:09:45 AM
To: John J. Babcock
Subject: FW: Lasell shuttles

Hi,
Hope this addresses your concerns regarding Lasell construction.
Once scanned, I will forward you a copy of their application for one renewal.
Danielle

From: Bill McGonagle [<mailto:bmcgonagle@vpne.com>]
Sent: Monday, November 27, 2017 7:21 AM
To: Danielle Delaney
Subject: Lasell shuttles

Danielle,

As we discussed last week, Lasell College Has completed its construction of their modular classrooms and an academic building. During this construction they needed to lease 100 spaces at the West Newton MBTA station, Which is why they required an additional shuttle bus. Now that this construction is complete, one of the two shuttle buses will be eliminated. Please feel free to call me with any questions or concerns

Thanks,

Bill



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: 343 CONGRESS ST

City/State/Zip: BOSTON MA 02210 Phone #: 617.451.1393

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 1700 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 SHUTTLE SVC & PARKING MGMT

*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: LIBERTY MUTUAL INS

Insurer's Address: _____

City/State/Zip: BOSTON MA

Policy # or Self-ins. Lic. # WA761D262282016 Expiration Date: 10/08/18

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: M. WHITE CONTROLLER Date: 11/20/17

Phone #: 617.451.1393

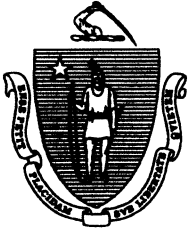
Official use only. Do not write in this area, to be completed by city or town official.

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 #: _____



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

November 15, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

VPNE PARKING SOLUTIONS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 16, 2004.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **KEVIN J LEARY, ANN-MARIE FLYNN, NICK LITTON**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **KEVIN J LEARY, ANN-MARIE FLYNN, NICK LITTON**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **KEVIN J. LEARY**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



CERTIFICATE OF REGISTRATION

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

RMV Division

Q-4158

PLATE TYPE LVN	REGISTRATION NUMBER LV75327	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/22/16	EXPIRATION DATE 07 18	TRANSACTION NUMBER 01623552010102
MFPS MODEL YEAR 2016	MAKE STAR	MODEL ALLSTA	BODY STYLE/TYPE VAN	COLOR WHITE	
VEHICLE IDENTIFICATION NUMBER 1FDEE3FLXGDC32162			INSURANCE COMPANY PHILADELPHIA INDEM	TITLE NUMBER	
RESIDENTIAL ADDRESS (IF DIFFERENT)			Not valid without official signature of Registrar <i>Chen C. Juvary</i>		IF VEHICLE CARRYING PASSENGERS FOR HIRE, MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 14
NAME(S) OF OWNER(S) AND MAILING ADDRESS VPNE PARKING SOLUTIONS LLC 343 CONGRESS ST 3RD FLOOR BOSTON, MA 02110			FEEES REGISTRATION 168.00 TITLE 75.00 SPECIAL PLATES 0.00 SALES TAX 3888.13 TOTAL 4131.13		
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.					

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS
	STREET ADDRESS
	CITY, 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.massrmv.com or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- Return the registration plates to the RMV immediately 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.

Transferring Your Plates: 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. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial to commercial); and has the same number of wheels; and, 4. The seller and buyer properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all of the above are met, you may operate the newly acquired vehicle with the transferred plates up to 5:00 pm of the 7th calendar day following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you must carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle and this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at www.massrmv.com.

No Insurance Card Required: Massachusetts'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 liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (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.

Be first in line by going online at www.massrmv.com

Schedule a Road Test
Renew Your Driver's License
Renew Your Registration
Pay Citations/Court Hearing Fee
Replace Your Driver's License

Request a Duplicate Title
Request a Duplicate Registration
Change Your Address
Cancel My Plate/Registration
Order a Special Plate

NEED TO VISIT AN RMV OFFICE?
SAVE TIME
Complete Your
Application Online!

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZG00013843
Inspection Date: 11/27/2017
Start: 12:00 PM ET End: 12:27:00 PM ET
Inspection Level: V - Terminal
HM Inspection Type: None

VPNE PARKING SOLUTIONS LLC
343 CONGRESS STREET
BOSTON, MA 02210

USDOT#: 02068338

Phone#: (617)451-1393

MC/MX#: 725389

Fax#:

State#:

Location: NEWTON

Highway:

County: MIDDLESEX, MA

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

MilePost:

Origin: NEWTON, MA

Bill of Lading:

Destination: NEWTON, MA

Cargo: PASSENGER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2016	MA	BU75327	1302	1FDEE3FLXGDC32162	12,500	32618010	25032738	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000.

Signature Of Repairer X: _____ Facility: _____ Date: _____

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
WILLIAM BARRY

Badge #:
MA0004

Copy Received By:

Page 1 of 1



02068338 MA MAZG00013843

X _____

X _____



VPNEPAR-01

RACHEL RUBIN

DATE (MM/DD/YYYY)

10/6/2017

CERTIFICATE OF LIABILITY INSURANCE

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 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).

PRODUCER NFP Property & Casualty Services, Inc. PO Box 2127 620 Hinesburg Road South Burlington, VT 05407	CONTACT NAME: Linda Bogardus	
	PHONE (A/C, No, Ext): (802) 651-3340	FAX (A/C, No): (802) 658-9419
E-MAIL ADDRESS: linda.bogardus@nfp.com		
INSURED VPNE Parking Solutions, LLC 343 Congress Street, 3rd Floor Boston, MA 02210	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Liberty Mutual Insurance Co	NAIC # 23043
	INSURER B: Liberty Mutual Fire Insurance Co	NAIC # 23035
	INSURER C: Federal Insurance Company	NAIC # 20281
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		TB2611262282026	10/08/2017	10/08/2018	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 0</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 0	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																				
MED EXP (Any one person)	\$ 0																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2611262282036	10/08/2017	10/08/2018	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 2,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			TH7611262282046	10/08/2017	10/08/2018	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 25,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 25,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 25,000,000	AGGREGATE	\$ 25,000,000		\$								
EACH OCCURRENCE	\$ 25,000,000																				
AGGREGATE	\$ 25,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WA761D262282016	10/08/2017	10/08/2018	<table border="1"> <tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
B	Business Income			BKS1757599096	10/08/2017	10/08/2018	ALS up to 12 months \$ 1,000,000														
C	Employee Dishonesty			82092704	10/08/2017	10/08/2018	\$25,000 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 #AS2611262282 Term 10/08/17 to 10/08/18 Primary \$1,000,000 Limit with \$15,000 ded Comp & Collision included on the auto policy.

Garage Liability - All States Policy #AS2611262282 Term 10/08/17 to 10/08/18 \$1,000,000 Limit \$0 Deductible

MA Garagekeepers - #2705396 Term 11/10/2016-11/10/2017 \$1,000,000 Limit \$1,000 Max Deductible

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
"For Insurance Purposes Only"	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 <i>Matthew</i>



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

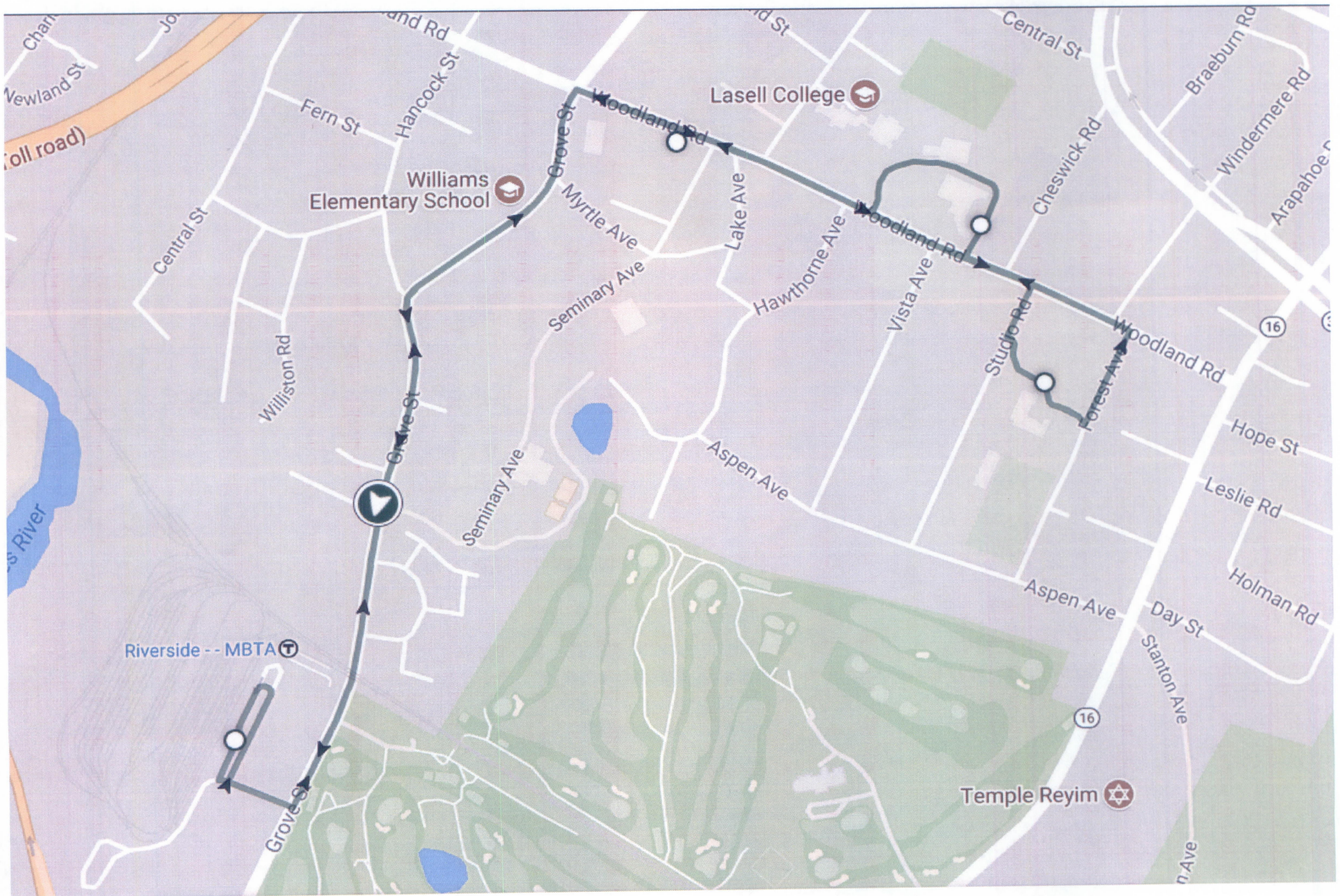
AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED VPNE Parking Solutions, LLC 343 Congress Street, 3rd Floor Boston, MA 02210
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

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:
Professional Errors & Omissions EL03184112 Term 10/08/17 to 10/08/18 \$3,000,000 Limit with \$5,000 Retention

General Certificate of Insurance



SHUTTLE "A"

MONDAY - THURSDAY

MBTA/ RIVERSIDE	ARNOW CAMPUS CENTER	FOREST SUITES	MBTA/ RIVERSIDE	ARNOW CAMPUS CENTER	WOODLAND HALL	FOREST SUITES
7:00 AM	7:15 AM	7:20 AM	7:30 AM	7:40 AM		6:45 AM
8:00 AM	8:15 AM	8:20 AM	8:30 AM	8:40 AM		7:45 AM
9:00 AM	9:15 AM	9:20 AM	9:30 AM	Drop Only- Break		8:45 AM
10:00 AM	10:15 AM	10:20 AM	10:30 AM	10:45 AM		Break
11:00 AM	11:15 AM	11:20 AM	11:30 AM		11:40 AM	10:50 AM
12:00 PM	12:15 PM	12:20 PM	12:30 PM		12:40 PM	
1:00 PM	1:15 PM	1:20 PM	1:30 PM		1:40 PM	
2:00 PM	2:15 PM	2:20 PM	2:30 PM		2:40 PM	
3:00 PM	3:15 PM	3:20 PM	3:30 PM		3:40 PM	
4:00 PM	4:10 Drop only	Shift Change	4:30 PM		4:40 PM	
5:00 PM	5:15 PM	5:20 PM	5:30 PM		5:40 PM	
6:00 PM	6:15 PM	6:20 PM	6:30 PM		6:40 PM	
7:00 PM	7:15 PM	7:20 PM	7:30 PM		7:40 PM	
8:00 PM	8:15 PM	8:20 Drop Only	Break		Break	
9:00 PM	9:15 PM	9:20 PM	9:30 PM		9:40 PM	
10:00 PM	10:15 PM	10:20 PM	10:30 PM		10:40 PM	
11:00 PM	11:15 PM	11:20 PM	11:30 PM		11:40 PM	
12:00 AM	12:15 AM	12:20 AM	12:30 AM		12:40 AM	
1:00 AM	1:15 AM	1:20 PM	1:30 AM		1:40 AM - DROP ONLY (END OF SERVICE)	

SATURDAY SHUTTLE

FOREST SUITES	WOODLAND HALL	ARNOW CAMPUS CENTER	STAR MARKET	WOODLAND HALL	NATICK MALL	MBTA/ RIVERSIDE
9:20 AM	↑	9:25 AM	↑	↑	↑	9:50 AM
	10:05 AM					10:35 AM
10:50 AM		11:00 AM	Natick Mall Trip		11:30 AM	12:00 PM
	12:10 PM - DROP ONLY (DRIVER BREAK)	12:30 PM				12:40 PM
	12:50 PM		12:55 PM			1:20 PM
		1:30 PM	1:40 PM	1:45 PM		1:55 PM
		2:10 PM	Natick Mall Trip		2:40 PM	
		3:10 PM				3:30 PM
3:40 PM		3:50 PM - DROP ONLY (SHIFT CHANGE)		4:10 PM		4:20 PM
	4:30 PM					4:40 PM
4:50 PM		4:55 PM				5:20 PM
5:30 PM		5:40 PM		6:00 PM		6:15 PM
6:30 PM		6:35 PM				7:00 PM
	7:15 PM		7:20 PM			7:35 PM
7:45 PM		7:50 PM	8:00 PM	8:10 PM		8:35 PM
8:45 PM		8:50 PM				9:15 PM
9:25 PM		9:30 PM - DROP ONLY (END OF SERVICE)				

SUNDAY SHUTTLE

FOREST SUITES	STAR MARKET	ARNOW CAMPUS CENTER	WOODLAND HALL	STAR MARKET	MBTA/ RIVERSIDE
		↑	12:15 PM		12:45 PM
			1:10 PM		1:30 PM
			1:40 PM		1:50 PM
2:00 PM					2:30 PM
2:40 PM			2:45 PM		3:00 PM
3:15 PM			3:20 PM	3:30 PM	3:50 PM
4:10 PM	4:20 PM		4:30 PM		4:50 PM
5:10 PM					5:40 PM
5:50 PM		5:55 PM - DROP ONLY (SHIFT CHANGE)	6:15 PM		6:25 PM
6:40 PM			6:45 PM	6:55 PM	7:20 PM
7:25 PM	7:30 PM		7:35 PM		8:05 PM
8:15 PM		8:20 PM			8:50 PM
9:00 PM		9:05 PM			9:30 PM
9:40 PM		9:45 PM			10:15 PM
10:25 PM		10:30 PM			10:55 PM
11:05 PM		11:10 PM			11:35 PM
11:45 PM		11:50 PM - DROP ONLY (END OF SERVICE)			

Taxi/Public Auto List**Annual taxi license/public auto inspections)**

prepared by Officer Rocco Marini on 12/01/17

Docket #	Company and Business Address	Contact and Business Phone	Medallion/PA	Pass/Fail
393-17	Veterans Taxi of Newton, LLC. 224 Calvary Street Waltham, MA 02453	Michael Antonellis 781-693-5423	1-12, 14, 18, 19, 21-26, 28 -29, 52, 63, 64, 66-70, 71, 72, 77-85 (Total 46) PA 2,11 (Total 2)	PASS
394-17	Holden's Taxi, Inc. 50 Union Street Newton, MA 02459	George Marry 617-244-2404	Medallions 59, 60, 61	PASS
395-17	Newtonville Cab Co., Inc. 50 Union Street Newton, MA 02459	George Marry 617-244-2404	Medallions 54, 55	PASS
396-17	Newton Taxi Co. 50 Union Street Newton, MA 02459	George Marry 617-244-2404	Medallions 56,57,58	PASS
391-17	Covenant Transportation, Inc. 161 North Street Newtonville, MA 02460	Andrew Wantate 978-881-8668	PA	PASS
392-17	Mahase Livery Services, LLC 60 Solon Street Newton, MA 02461	Dhanraj Mahase	PA	PASS

City Council

2016-2017

copy

City of Newton



November 20, 2017

Andrew Wantate
Covenant Transportation, Inc.
161 North Street
Newtonville, MA 02460

Dear Andrew,

The Public Safety & Transportation Committee will review and discuss your public auto license application to operate Covenant Transportation, Inc. on Wednesday, December 6, 2017 at 7:00 p.m. in Room 205, Newton City Hall, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

It is important that you attend in order for the Committee to review your application in a timely manner because we would like the City Council to vote on this application at their last scheduled meeting on December 18, 2017.

Thank you for your attention to this matter. If you have any questions, please contact me at (617) 796-1211.

We look forward to meeting you.

Sincerely,

Danielle Delaney
Committee Clerk
Public Safety & Transportation Committee
City Council

Andrew Wantate
978-881-8668

10/12/17 Wantate

COVENANT
TRANSPORTATION INC

Newton City Council
1000 Commonwealth Avenue
Newton Centre, MA 02459

RE:- PUBLIC AUTO LICENSE

Received \$ 25. Check

Dear Sir/Madam,

We are a Livery Transport Company setup with the the aim of providing affordable, reliable livery luxury transport for the residents of Newton in and around Boston.

The purpose of this letter Sir/Madam is to request the Newton City Licensure to be able to operate in Newton.

Thank you for your positive consideration in this matter.

Sincerely,

Andrew Wantate
CEO

David A.
Newton, M.

**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: ANDREW WANTATE
2. Business Name: COVENANT TRANSPORTATION INC
 Business Address: 161 NORTH STREET, NEWTONVILLE
 Business Telephone Number: 978-881-8668
 email address: COVENANTTRANSPORTATIONINC@gmail.com
3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE = NONE

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

NOT APPLICABLE

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

CORPORATION

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

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

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):

COVENANT TRANSPORTATION INC

ANDREW WANTATE: PRESIDENT (CEO)

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

ANDREW WANTATE - CEO

978-881-8668

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: A. K. KATATE COVENANT TRANSPORTATION 71-5 W. POOLEX LANE 02452 978-881-1618
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
COVENANT TRANSPORTATION INC@gmail.com
(email address)

Please list below for each 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. LV80492 4JGDF7C58DA 219784 119800
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



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: COVENANT TRANSPORTATION INC

Address: 71-5 MIDDLESEX RD

City/State/Zip: WALTHAM MA 02452 Phone #: 978-881-8668

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ 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: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: [Signature] Date: 10-12-17

Phone #: 978-881-8668

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 #: _____

#391-17

PAID 35.00 CASH



Commonwealth of Massachusetts
City of Newton
Business Certificate

383
City Clerk's Use Only

In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that a business is being conducted under the name of:

Business Name	COVENANT TRANSPORTATION INC		
Purposed Use	LIVERY BUSINESS		
Location of Business	161 NORTH ST Address	NEWTON City	MA 02450 State Zip code

The full name and address of each person conducting such business:

Name	ANDREW KANTATE		
Address	71-5 MIDDLEBURY RD, W		
	Signature (In presence of Notary)		
	WALTON City	MA State	02452 Zip code
Name	Signature (In presence of Notary)		
Address	City	State	Zip code
Name	Signature (In presence of Notary)		
Address	City	State	Zip code

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true. (seal)

Checked ID

My commission Expires:

Notary Public

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars, (\$300.00) for each month during which such violation occurs.

This certificate expires: October 12, 2021
Date

The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.



If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

Inspectional Services Department Official

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.

M

Zoning District

[Signature]

Attest

Received in the City Clerk's Office

56

Book

383

Page

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

[Signature]

David A. Olson
Newton City Clerk

Time Stamp

BOARD OF ELECTION
COMMISSIONERS
2017 OCT 12 A 11:50
NEWTON/MASS



CERTIFICATE OF REGISTRATION

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

RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV80492	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 10/05/17	EXPIRES LAST DAY OF →	MONTH 02	YEAR 18	TRANSACTION NUMBER 02727842300123										
MFIS MODEL YEAR 2013	MAKE MERZ	MODEL GL450	BODY STYLE/TYPE SUV	COLOR BLACK	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 07										
VEHICLE IDENTIFICATION NUMBER 4JGDF7CE8DA219784		INSURANCE COMPANY PILGRIM INSURANCE		TITLE NUMBER BT105396		REGISTRAR <i>Chen C. Dewey</i>											
RESIDENTIAL ADDRESS (IF DIFFERENT)					FEES												
NAME(S) OF OWNER(S) AND MAILING ADDRESS WANTATE, ANDREW 71 MIDDLESEX ROAD APT 5 WALTHAM, MA 02452-6168					<table> <tr> <td>REGISTRATION</td> <td>23.50</td> </tr> <tr> <td>TITLE</td> <td>0.00</td> </tr> <tr> <td>SPECIAL PLATES</td> <td>0.00</td> </tr> <tr> <td>SALES TAX</td> <td>0.00</td> </tr> <tr> <td>TOTAL</td> <td>23.50</td> </tr> </table>			REGISTRATION	23.50	TITLE	0.00	SPECIAL PLATES	0.00	SALES TAX	0.00	TOTAL	23.50
REGISTRATION	23.50																
TITLE	0.00																
SPECIAL PLATES	0.00																
SALES TAX	0.00																
TOTAL	23.50																
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.																	

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS CITY, 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.massrmv.com or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- Return the registration plates to the RMV immediately 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.

Transferring Your Plates: 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. **All** of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the **same vehicle type** (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the **same registration type** (passenger to passenger, commercial to commercial); and has the **same number of wheels**; and, 4. The **seller and buyer** properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If **all** of the above are met, you may operate the newly acquired vehicle with the transferred plates **up to 5:00 pm of the 7th calendar day** following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you **must** carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle **and** this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at www.massrmv.com.

No Insurance Card Required: Massachusetts'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 liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (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.

Be first in line by going online at www.massrmv.com

Schedule a Road Test
Renew Your Driver's License
Renew Your Registration
Pay Citations/Court Hearing Fee
Replace Your Driver's License

Request a Duplicate Title
Request a Duplicate Registration
Change Your Address
Cancel My Plate/Registration
Order a Special Plate

NEED TO VISIT AN RMV OFFICE?
SAVE TIME
Complete Your
Application Online!

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
10/06/2017
PRODUCER
ANIKO INSURANCE AGENCY INC
1500 soldiers field rd.
BRIGHTON, MA 02135

 THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND
 CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
 CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE
 AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE

NAIC#

INSURED
ANDREW WANTATE
71 MIDDLESEX ROAD APT#5
WALTHAM, MA 02452

INSURER A: PILGRIMS INSURANCE

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES
 THE POLICES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE FIRE DAMAGE (any 1 fire) MED EXP (any 1 person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	PGC00001086 51	10/05/2017	10/05/2018	COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ 100,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY	\$ EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE AGGREGATE \$ \$ \$	\$ \$ \$ \$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	\$ \$ \$ \$
	OTHER					

DESCRIPTION OF 200

2013 MERZ GL450 VIN#4JGDF7CE8DA219784 PLATE#LV80492

"CERTIFICATE HOLDER IS ALSO ADDITIONAL INSURED"

OR

"MASSPORT IS ALSO ADDITIONAL INSURED"

CERTIFICATE HOLDER [N] ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

 Massachusetts Port Authority
 One Harborside Drive
 Suite 200S
 East Boston, MA 02128

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
 NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

copy

City Council

2016-2017

City of Newton



November 20, 2017

Dhanraj Mahase
60 Solon Street
Newton, MA 02461

Dear Dhanraj,

The Public Safety & Transportation Committee will review and discuss your public auto license application to operate Mahase Livery on Wednesday, December 6, 2017 at 7:00 p.m. in Room 205, Newton City Hall, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

It is important to review your application in a timely manner because we would like the City Council to vote on this application at their next regularly scheduled meeting on December 18, 2017.

Thank you for your attention to this matter. If you have any questions, please contact me at (617) 796-1211.

We look forward to meeting you.
Sincerely,

Danielle Delaney
Committee Clerk
Public Safety & Transportation Committee
City Council

City Council

2016-2017

Dhanraj Mahase

City of Newton



(Mahase
Livery
Service, LLC)

Taxi, Public Auto, Bus and Van Licensees

774-444-9888

Please see the enclosed letter from the Commonwealth of Massachusetts Department of Industrial Accidents to which is attached the Workers' Compensation Insurance Affidavit (form revised 02-23-15) you must complete and return to the City before obtaining your license.

Please read the information and instructions carefully and return the completed form with your application. Also, please note, even if you do not have any employees you are required to complete this form.

Danielle Delaney
City Council

**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

Received \$25.00
Check

RECEIVED
Newton City Clerk
2017 NOV 20 AM 10:14
David A. Olson, CMC
Newton, MA 02459

1. Name of Applicant: DHANRAJ MATHISE
2. Business Name: MATHISE Livery Service, LLC
Business Address: 60 Solon St Newton 02461
Business Telephone Number: 774-444-9888
email address: MHS Limo @ Icloud.com

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE =

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

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

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

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

Vinay MEHOL
60 Solon St
Newton MA

DHANRAJ MATHISE
123 Antwerp St
Unit 414 Brighton, MA 02135

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):

Dhanraj MATHISE (President)

Vinay MEHOL (Treasurer)

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

Dhanraj MATHISE
774-444-9888

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: DONRAS MAHBE MAHBE Liver & Service 60 Salem St Newton MA 02461 774.744-9888
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)

MHSLive@icloud.com
 (email address)

Please list below for each 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. <u>6V 78724</u>		<u>WDDHF8J37E3015149</u>		<u>28,000 mi</u>		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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: MAHSE Livery Service, LLC

Address: 60 Solon St

City/State/Zip: new ton MA 02461

Phone #: 774-444-9888

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ 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: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____

Expiration Date: _____

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

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

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

Signature: [Signature]

Date: 11/17/17

Phone #: _____

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

City or Town: _____

Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____

Phone #: _____



Commonwealth of Massachusetts
City of Newton
Business Certificate

403

City Clerk's Use Only

In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that a business is being conducted under the name of:

Business Name	MAHABE Livery Service, LLC		
Purposed Use	Transportation		
Location of Business	60 Solon St Address	Newton City	MA 02461 State Zip code

The full name and address of each person conducting such business:

Name	VINAY MEHTA		
Address	60 Solon St - MALIC 4.19.19		
Name	DHANRAJ MAHABE - MALIC 8.8.18 EXP		
Address	123 Antwerp St unit 414 Brighton MA 02135		
Name			
Address			

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true. (seal)

2 MA LC Checked

My commission Expires:

Notary Public

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars, (\$300.00) for each month during which such violation occurs.

This certificate expires:

October 27, 2021
Date

The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

Inspectional Services Department Official

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.

SR3

Zoning District



Attest

Received in the City Clerk's Office

56

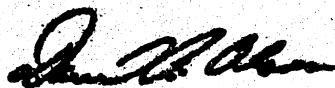
Book

B

403

Page

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



David A. Olson
Newton City Clerk

Time Stamp

RECEIVED
Newton City Clerk
2017 OCT 27 AM 9:07
David A. Olson, CMC
Newton, MA 02459



CERTIFICATE OF REGISTRATION

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

RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV78724	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 10/25/17	EXPIRES LAST DAY OF 04 19	TRANSACTION NUMBER 02729809540103
MFPS MODEL YEAR 2014	MAKE MERZ	MODEL E350W4	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar
VEHICLE IDENTIFICATION NUMBER WDDHF8JB7EB015189		INSURANCE COMPANY ARBELLA PROTECTION		TITLE NUMBER EXAM	REGISTRAR <i>Chen C. Jimmy</i>
RESIDENTIAL ADDRESS (IF DIFFERENT)					IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 05
NAME(S) OF OWNER(S) AND MAILING ADDRESS MEHRA, VINAY 60 SOLON STREET NEWTON, MA 02461					FEES REGISTRATION 90.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 90.00
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.					

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS CITY, 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.massrmv.com or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.

- Return the registration plates to the RMV immediately 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.

Transferring Your Plates: 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. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial to commercial); and has the same number of wheels; and, 4. The seller and buyer properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all of the above are met, you may operate the newly acquired vehicle with the transferred plates up to 5:00 pm of the 7th calendar day following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you must carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle and this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at www.massrmv.com.

No Insurance Card Required: Massachusetts'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 liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (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.

Be first in line by going online at www.massrmv.com

Schedule a Road Test
Renew Your Driver's License
Renew Your Registration
Pay Citations/Court Hearing Fee
Replace Your Driver's License

Request a Duplicate Title
Request a Duplicate Registration
Change Your Address
Cancel My Plate/Registration
Order a Special Plate

NEED TO VISIT AN RMV OFFICE?
SAVE TIME
Complete Your
Application Online!

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS



CERTIFICATE OF LIABILITY INSURANCE

#392-17

DATE (MM/DD/YYYY)

10/25/2017

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 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).

PRODUCER Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127	CONTACT NAME: PHONE (A/C, No, Ext): (617)464-3777 FAX (A/C, No): (617)464-3888 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #
----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------

COVERAGES**CERTIFICATE NUMBER:** CL17102533577**REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		TBD	10/25/2017	10/20/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Massport is listed as Additional Insured.

Vehicle- 2014 Merz E350 (WDDHF8JB7EB015189)

CERTIFICATE HOLDER**CANCELLATION**

Massachusetts Port Authority
1 Harborside Drive
Suite 200S
East Boston

MA 02128

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

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Revise the provisions of Sec. 26-8D as follows:

Sec. 26-8D. ~~Trial program for r~~Removal of snow and ice from sidewalks.

In order to allow for safe pedestrian and wheelchair passage, every owner or occupant of a building or lot of land abutting upon a paved sidewalk or any person having charge of such property shall use reasonable efforts to remove snow and ice from the sidewalk and handicap access ramps, and shall use reasonable efforts to treat said sidewalk and ramps to allow for a safe passageway of approximately thirty-six (36) inches in width, provided that where such sidewalk is less than thirty-six (36) inches in width the passageway shall encompass its entire width and handicap access ramps. Snow and ice shall be removed, and sidewalks and ramps shall be treated, within thirty (30) hours after such snow has ceased to fall or such ice has formed. This section shall apply to snow and ice which falls from buildings, other structures, trees or bushes, as well as to that which falls from clouds. This section shall not apply to owners or occupants of a building or lot covered by Section 26-8. The mayor or his designee is authorized to coordinate volunteer snow clearing assistance or to grant an exemption, renewable annually, for citizens who upon written petition demonstrate hardship due to a combination of health and financial duress. ~~The provisions of this section shall take effect on November 1, 2011 and shall expire on November 1, 2013 unless terminated earlier or renewed or modified by the board of aldermen. During this trial period, e~~Enforcement shall be limited to issuance of notices of non-compliance for violations of any provision of this section. (Z-83, 3-21-11)