



## **Public Safety & Transportation Committee Agenda**

### **City of Newton** **In City Council**

**Wednesday, December 4, 2019**

**7:00 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**  
Michael Gimmelfarb, 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**  
DHANRAJ MAHASE, 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**  
DHANRAJ MAHASE, 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**  
DONALD LAPLANTE, 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**  
MICHAEL ANTONELIS, 224 Calvary Street, Waltham, MA 02453, requesting **renewal of thirty-seven (37) taxi licenses** for Veterans Taxi of Newton, LLC.

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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](mailto: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.

**#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  
Check # 39802  
November 8, 2018

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

A handwritten signature in black ink, appearing to be "Tom Ayling", with a long, sweeping horizontal line extending to the right.

Operations Manager

VPNE Parking Solutions, LLC

DAVID A. OLSON, CHAO  
NEWTON, MA 02459

2019 NOV 8 PM 1:40

RECEIVED  
CITY OF NEWTON

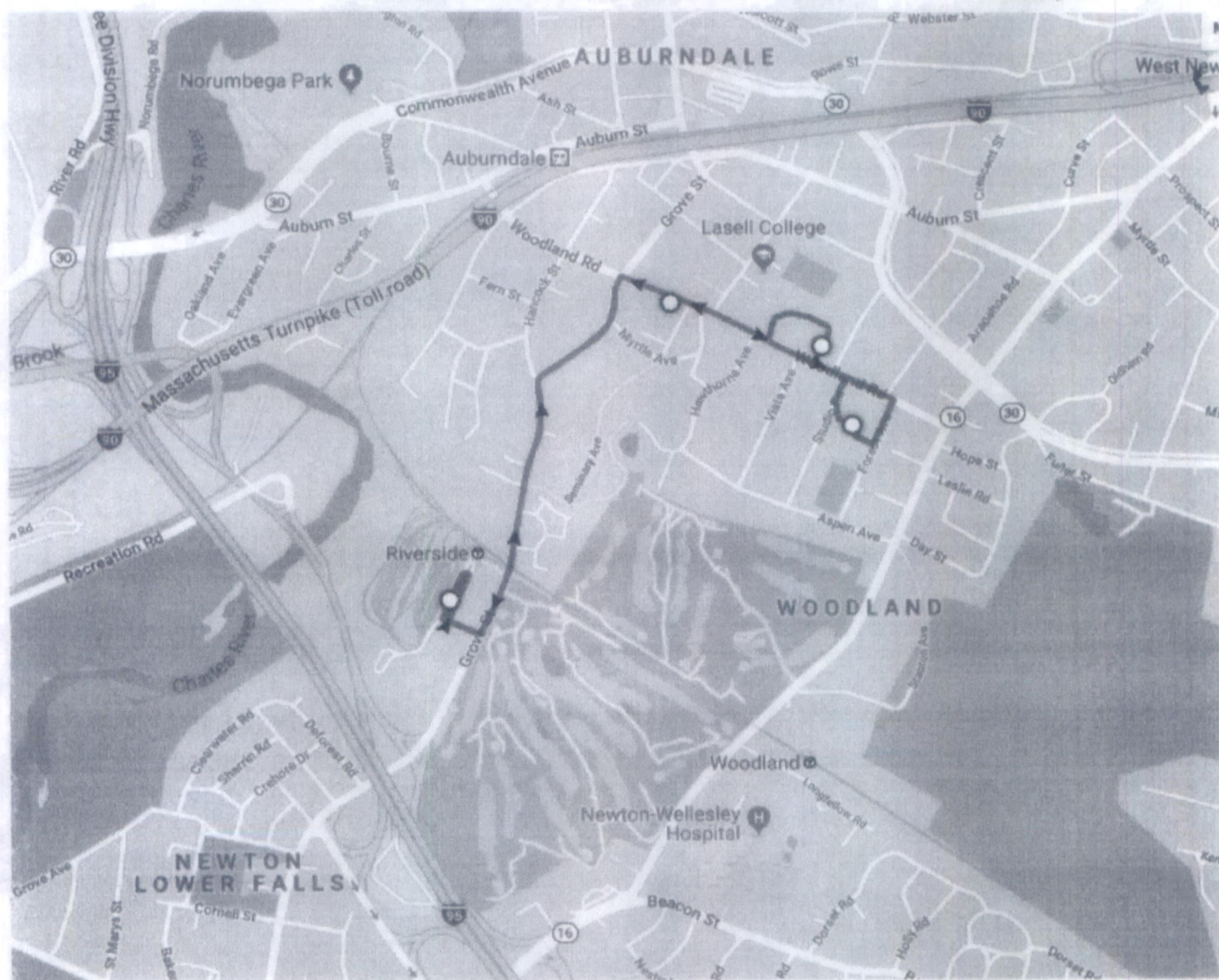
BUS LICENSE RENEWAL APPLICATION

BUS LICENSE HOLDER: Kevin Leary VPNE 343 Congress St. Boston, MA 02210  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
tayling@vpne.com 617-451-1393  
(email address)

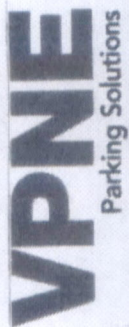
Please list below for each Bus:

	VEHICLE REGISTRATION #	VEHICLE ID # (VIN)	ODOMETER READING
1.	<u>LV75327</u>	<u>1FD EE3 FLX GDC32162</u>	<u>564215</u> (BUS 1301)
2.	<u>LV75337</u>	<u>1FD EE3 FL5 GDC32165</u>	<u>-</u>
3.	<u>                    </u>	<u>                    </u>	<u>                    </u>

(BUS 1302)  
\* Pick up only \*  
48304







# Lassel Shuttle Ridership: Monday-Friday

Date:

MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	FOREST SUITES	Riders	MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	WOODLAND HALL	Riders	FOREST SUITES	Riders
7:00 AM		7:15 AM		7:20 AM		7:30 AM				7:40 AM		7:45 AM	
8:00 AM		8:15 AM		8:20 AM		8:30 AM		8:40 AM		8:45 AM		8:50 AM	
9:00 AM		9:15 AM		9:20 AM		9:30 AM		Drop Only		10:05 AM			
		10:15 AM		10:20 AM		10:30 AM							
11:00 AM		11:15 AM		11:20 AM		11:30 AM				11:40 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				Drop Only			
3:00 PM		3:15 PM		3:20 PM		3:30 PM				3:40 PM			
4:00 PM		4:15 PM		4:20 PM		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		Drop Only									
9:00 PM		9:15 PM		9:20 PM						9:40 PM			
9:50 PM		Drop Only											

AM Driver:

PM Driver:



# VPNE

Parking Solutions

## Lasell Shuttle Ridership: Saturday

Date:

Saturday

FOREST SUITES	Riders	WOODLAND HALL	Riders	ARNOW CAMPUS CENTER	Riders	STAR MARKET	Riders	WOODLAND HALL	Riders	NATICK MALL	Riders	MBTA/ RIVERSIDE	Riders
9:20 AM				9:25 AM								9:40 AM	
		9:50 AM		9:55 AM								10:10 AM	
10:25 AM				10:30 AM								10:40 AM	
10:50 AM				11:00 AM		Natick Mall Trip				11:30 AM		12:00 PM	
		Drop Only										12:40 PM	
		12:50 PM				12:55 PM						1:05 PM	
1:20 PM				1:25 PM		1:35 PM		1:45 PM				1:55 PM	
2:05 PM				2:10 PM		Natick Mall Trip				2:40 PM			
3:15 PM		3:20 PM				3:25 PM						3:30 PM	
3:40 PM						3:55 PM		4:10 PM				4:20 PM	
		4:30 PM										4:40 PM	
4:50 PM				Drop Only									

AM Driver:

PM Driver:





## 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
9:20 AM				9:25 AM								9:40 AM	
		9:50 AM		9:55 AM								10:10 AM	
10:25 AM				10:30 AM								10:40 AM	
10:50 AM				11:00 AM		Market Basket Waltham				11:30 AM		12:00 PM	
		DROP ONLY										12:40 PM	
		12:50 PM				12:55 PM						1:05 PM	
1:20 PM				1:25 PM		1:35 PM		1:45 PM				1:55 PM	
2:05 PM				2:10 PM		Market Basket Waltham				2:30 PM		3:00 PM	
3:15 PM		3:20 PM				3:25 PM						3:30 PM	
3:40 PM						3:55 PM		4:10 PM				4:20 PM	
		4:30 PM										4:40 PM	
4:50 PM				DROP ONLY									

Driver:





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  
Address: 343 CONGRESS ST BOSTON, MA  
City/State/Zip: BOSTON MA 02210 Phone #: 617-451-1393

Are you an employer? Check the appropriate box:

1. ☒ I am a 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 + Part-time 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, MAPolicy # or Self-ins. Lic. # WA 7612262282016 Expiration Date: 11-6-19

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] ops manager Date: 11-6-19Phone #: 207 712 7221

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 #: \_\_\_\_\_

# CERTIFICATE OF REGISTRATION

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

**RMV Division**  
#402-19

PLATE TYPE LVN	REGISTRATION NUMBER LV75337	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/01/18	EXPIRES LAST DAY OF 07 20	TRANSACTION NUMBER 02817701291827
MFRS MODEL YEAR 2016	MAKE STAR	MODEL ALLSTA	BODY STYLE TYPE VAN	COLOR WHITE	Not valid without official signature of Registrar
VEHICLE IDENTIFICATION NUMBER 1FDEE3FL5GDC32165		INSURANCE COMPANY LIB MUT FIRE INS		TITLE NUMBER BR659304	REGISTRAR <i>Chen C. Dewney</i>
RESIDENTIAL ADDRESS (IF DIFFERENT)					IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 14
NAME(S) OF OWNER(S) AND MAILING ADDRESS  005033 ****AUTO**ALL FOR AADC 021 VPNE PARKING SOLUTIONS LLC 343 CONGRESS ST LBBY 3 BOSTON MA 02210-1214					FEES REGISTRATION 168.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 168.00
<p align="center"><b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b></p> <p align="center">The records of the RMV database constitute the official status of the vehicle registration.</p>					

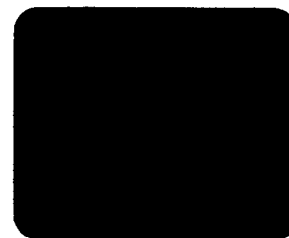
SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS
	STREET ADDRESS
	CITY, STATE, ZIP CODE

## 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](http://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.
- No Insurance Card Required: Massachusetts 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 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.
- 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. See the Transferring a Registration section on the RMV's website at [www.massrmv.com](http://www.massrmv.com) for more information.

### PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.
  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](http://www.massrmv.com)

200610794



#402-19

#579-18



# CERTIFICATE OF REGISTRATION

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

 1302  
 RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV75327	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/01/18	EXPIRES LAST DAY OF →	MONTH 07	YEAR 20	TRANSACTION NUMBER 02817701292770										
MPHS MODEL YEAR 2016	MAKE STAR	MODEL ALLSTA	BODY STYLE/TYPE VAN	COLOR WHITE	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 14										
VEHICLE IDENTIFICATION NUMBER 1FDEE3FLXGDC32162		INSURANCE COMPANY LIB MUT FIRE INS		TITLE NUMBER BR659620		REGISTRAR <i>Ch C. Dwyer</i>											
RESIDENTIAL ADDRESS (IF DIFFERENT)																	
NAMES OF OWNER(S) AND MAILING ADDRESS  005032 ****AUTO**ALL FOR AADC 021 VPNE PARKING SOLUTIONS LLC 343 CONGRESS ST LBBY 3 BOSTON MA 02210-1214						FEES <table> <tr> <td>REGISTRATION</td> <td>168.00</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><b>TOTAL</b></td> <td><b>168.00</b></td> </tr> </table>		REGISTRATION	168.00	TITLE	0.00	SPECIAL PLATES	0.00	SALES TAX	0.00	<b>TOTAL</b>	<b>168.00</b>
REGISTRATION	168.00																
TITLE	0.00																
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<b>TOTAL</b>	<b>168.00</b>																
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b> 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
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## 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](http://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.
- No Insurance Card Required:** Massachusetts 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 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.
- 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. See the Transferring a Registration section on the RMV's website at [www.massrmv.com](http://www.massrmv.com) for more information.

### PLATE DECAL APPLICATION INSTRUCTIONS

- Gently peel the decal from the form.
- Place the decal on the rear plate in the top right corner next to the word Massachusetts.
- 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](http://www.massrmv.com)

200610793

# Vehicle Inspection Report



## Please Review This Important Information

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](http://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:	PASS	Vehicle Information	Station Information
Safety Result	PASS	VIN 1FDEE3FLXGDC32162	DORCHESTER TIRE SERVICE INC
Emissions Result	PASS	License Plate LV75327	1160 DORCHESTER AVE
Start Test Date/Time	8/26/2019 11:30 AM	Plate Type/State LVN / MA	DORCHESTER MA
End Test Date/Time	8/26/2019 11:36 AM	Vehicle Type BUS	(617) 436-0900
Test Type	Regular	Year / Make 2016 Ford	
Sticker Number	202922187	Model E-Series Chassis	Station Number PB005235
Inspection Type	Initial	Fuel Type FLEXIBLE	Workstation Number MAW00001402
Inspection Counter	1	Engine Cyl / Size 8 / 5.4L	Inspector Number *****8471
		GVWR 14000	
		Odometer 55760	

See Page 2 of this report for:  
Commercial Vehicle Safety Results

Base Inspection Fee	\$35.00
Station Labor Rate	\$150.00 per hour
Inspection Time	0.7 hour(s)
Total Inspection Fee	\$140.00

On-Board Diagnostic (OBD) Results	OBD Readiness Monitor Results	OBD Additional Data
Tampering Check	PASS Catalyst	READY Miles Since Code Clearing 22368
Connector Result	PASS Catalyst Heater	UNSUPPORTED Warm-Ups Since Code Clearing
RPM Result	PASS Evaporative System	READY Pin 16 Voltage 14.1
Key-On Bulb Check	N/A Secondary Air System	UNSUPPORTED
Engine-Running Bulb Check	N/A A/C System	UNSUPPORTED
Scan Tool Check	PASS Oxygen Sensor	READY
Communication Result	PASS Oxygen Sensor Heater	READY
MIL Status Result	PASS EGR and/or VVT System	UNSUPPORTED
Readiness Result	PASS	

VIR Number



Scan to visit website





1301  
DRIVER/VEHICLE EXAMINATION REPORT

in 825219101.0  
#40219



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

**Report Number:** MAZG00014037  
**Inspection Date:** 10/15/2018  
**Start:** 9:30 AM ET **End:** 10:00 AM ET  
**Inspection Level:** V - Terminal  
**HM Inspection Type:** None

VPNE PARKING SOLUTIONS LLC  
343 CONGRESS STREET  
BOSTON, MA, 02210

**USDOT:** 2068338 **Phone#:** (617)451-1393  
**MC/MX#:** 725389 **Fax#:**  
**State#:**

**Location:** H-BOSTON  
**Highway:**  
**County:** SUFFOLK

**Driver:**  
**License#:** **State:**  
**Date of Birth:**  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Milepost:** **Shipper:** N/A  
**Origin:** BOSTON,MA  
**Destination:** BOSTON,MA

**Bill of Lading:** N/A  
**Cargo:** PASSENGER

**VEHICLE IDENTIFICATION**

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	BU	CRO	2016	MA	LV75337	1301	1FDEE3FL5GDC32165	12500		25476050	

**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:**

**Cargo Tank:**

**Special Checks:** No data for special checks

**Report Prepared By:** **Badge #:**  
W. Barry 0004

**Copy Received By:**

X

X



1302

## DRIVER/VEHICLE EXAMINATION REPORT

in 825219101.0



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

Report Number: MAZG00014036  
Inspection Date: 10/15/2018  
Start: 9:00 AM ET End: 9:30 AM ET  
Inspection Level: V - Terminal  
HM Inspection Type: None

VPNE PARKING SOLUTIONS LLC  
343 CONGRESS STREET  
BOSTON, MA, 02210

USDOT: 2068338

Phone#: (617)451-1393

MC/MX#: 725389

Fax#:

State#:

Location: H-BOSTON

Highway:

County: SUFFOLK

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost:

Shipper: N/A

Origin: BOSTON,MA

Destination: BOSTON,MA

Bill of Lading: N/A

Cargo: PASSENGER

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	BU	FORD	2016	MA	LV15327	1302	1FDEE3FLXGDC32162	12500	25032738	26476049	

## 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:**

**Cargo Tank:**

**Special Checks:** No data for special checks

Report Prepared By: W. Barry  
Badge #: 0004

Copy Received By:

X

X







VPNEPAR-01

#40249 RACHEL RUBIN

DATE (MM/DD/YYYY)

10/9/2019

## 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

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Liberty Mutual Fire Insurance Co

23035

INSURER B: Liberty Insurance Corp

42404

INSURER C: Ohio Security Insurance Company

24082

INSURER D: Liberty Mutual Insurance Company

23043

INSURER E:

INSURER F:

INSURED  
VPNE Parking Solutions, LLC  
343 Congress Street, 3rd Floor  
Boston, MA 02210

## 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.

INS 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		TB2-611262282-029	10/8/2019	10/8/2020	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 - COM/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-611-262282-039	10/8/2019	10/8/2020	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			TH7611262282-049	10/8/2019	10/8/2020	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA7-61D262282-019	10/8/2019	10/8/2020	<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
C	Business Income			BKS-20-57599096	10/8/2019	10/8/2020	ALS up to 12 months \$ 1,124,864
D	Employee Dishonesty			F14NABVKYR001	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

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

Lasell College  
1844 Commonwealth Avenue  
Newton, MA 02466-2716

## CANCELLATION

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



AGENCY CUSTOMER ID: VPNEPAR-01

#402-19 RAGHEL RUBIN

LOC #: 1

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

## 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.

POLICY NUMBER: TB2611262282029

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13**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:

1. 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
<b>All persons or organizations who you are required to name as Additional Insured per written contract or agreement, prior to an "occurrence" or offense</b>	<b>Any location listed in such agreement</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1301

#402-19

# COMMONWEALTH OF MASSACHUSETTS

08/22/2019

NON COMMERCIAL

ES

INITIAL

LV75337

FORD

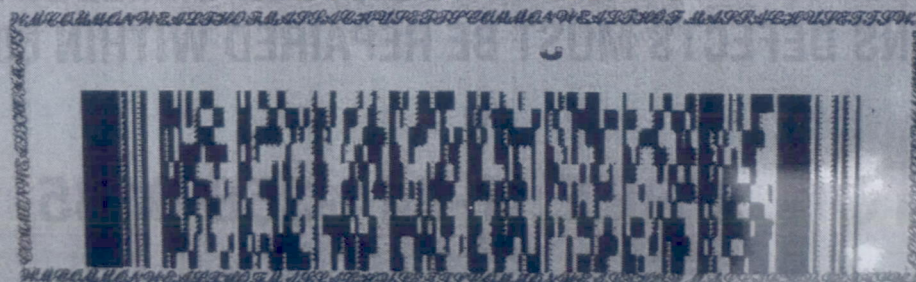
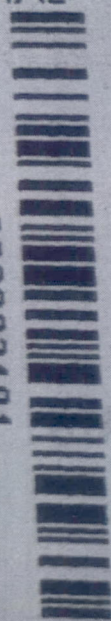
EXPIRES

8

1FDEE3FL5GDC32165

2020

202922181



FUYAO

AS1 M854



COMMONWEALTH OF MASSACHUSETTS

08/26/2019

INITIAL

COMMERCIAL

8

ES

LV75327

FORD

EXPIRES

2020

1FDEE3FLXGDC32162



202922187

8



26476049



10-31-19.

#403-19

American Truck & Equipment SALES, LLC.

274 Deolham st  
Newton MA. 02461

617-834-5964


Michael Gimmelfarb  
owner.

Received  
\$25 cash

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

Thanks!

Michael Gimmelfarb

M. G 

2019 OCT 31 AM 11:47



**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 Gimmelfarb*
2. Business Name: *American Truck & Equipment Sales*  
 Business Address: *274 Dedham St Newton MA-02461*  
 Business Telephone Number: *617-834-5964*  
 email address: *mgim@verizon.net*

3. Total number of Licenses:

PUBLIC AUTO = *1*

TAXI LICENSE =

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

*N/A*

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

*LLC*

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

*Michael Gimmelfarb*  
*274 Dedham St Newton MA-02461*

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

*N/A*

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):

*N/A*

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

*Michael Gimmelfarb*  
*617-834-5964*

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: Michael Gimmelfarb American Truck & Equipment 617-834-5964  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
mgim@verizon.net  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. LV 76277		4SDFLEESGA687895	150K			
2. MB GL350						
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](http://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: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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: I don't have one W. C. F.

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: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

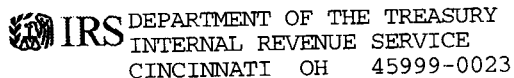
**Official use only. Do not write in this area, to be completed by city or town official.**

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 #: \_\_\_\_\_



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](http://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.





**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



## Corporations Division

### Business Entity Summary

ID Number: 263114478

[Request certificate](#)

[New search](#)

Summary for: **AMERICAN TRUCK & EQUIPMENT 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 Number:** 263114478 **Old ID Number:** 000983751

**Date of Organization in Massachusetts:** 08-06-2008

**Last date certain:**

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

Address: 274 DEDHAM STREET

City or town, State, Zip code, NEWTON, MA 02461 USA  
Country:

**The name and address of the Resident Agent:**

Name: MICHAEL GIMMELFARB

Address: 274 DEDHAM ST.

City or town, State, Zip code, NEWTON, MA 02461 USA  
Country:

**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

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

Title	Individual name	Address
SOC SIGNATORY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA


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

Title	Individual name	Address
REAL PROPERTY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

# CERTIFICATE OF REGISTRATION

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

#40348  
**RMV Division**

PLATE TYPE LVN	REGISTRATION NUMBER LV76277	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/01/19	EXPIRES LAST DAY OF →	MONTH 07	YEAR 21	TRANSACTION NUMBER 92917600007093
MFRS MODEL YEAR 2016	MAKE MERZ	MODEL GL350	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. 5
VEHICLE IDENTIFICATION NUMBER 4JGDF2EE5GA687895		INSURANCE COMPANY SAFETY INSURANCE		TITLE NUMBER BR494584		REGISTRAR <i>Chen C. Jerny</i>	
RESIDENTIAL ADDRESS (IF DIFFERENT)							
NAME(S) OF OWNER(S) AND MAILING ADDRESS  014153 *****AUTO**5-DIGIT 02459 AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON MA 02461-2045					FEES REGISTRATION 90.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 90.00		
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b> 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

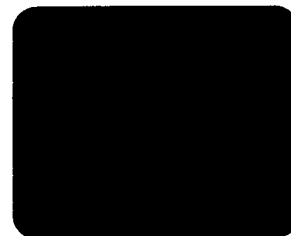
## Important Information for Vehicle Owners

- 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.mass.gov/rmv](http://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.
- **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 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.
- **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. See the Transferring a Registration section on the RMV's website at [www.mass.gov/rmv](http://www.mass.gov/rmv) for more information.

### PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.
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](http://www.mass.gov/rmv)

211507400



# CERTIFICATE OF LIABILITY INSURANCE

#403-19

DATE (MM/DD/YYYY)

07/02/2019

<b>PRODUCER</b> DVORKIN INS AGENCY 2001 BEACON ST BRIGHTON, MA 02135 617 731-4554	<b>THIS CERTIFICATE IS 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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: SAFETY INSURANCE CO.	
	INSURER B:	
	INSURER C:	
<b>INSURED</b>  AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON, MA 02461	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
	X	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2704787	05/21/2019	05/21/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EAACCIDENT	\$
						OTHER THAN AUTO ONLY: EAACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		<b>OTHER</b>				COLL 1000 COMP 1000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

2016 MERZ GL350 VIN: 4JGDF2EE5GA687895

LICENSE S77379285

CERTIFICATE HOLDER IS ALSO AND ADDITINAL INSURED

## CERTIFICATE HOLDER

MASSACHUSETTS PORT AUTHORITY  
ONE HARBORSIDE DR SUITE 200S  
EAST BOSTON MA 02128

## CANCELLATION

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  
DVORKIN INS AGENCY

**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: Dhanraj Mahase
2. 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

2019 OCT 28 PM 12:31

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**

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

**LICENSE HOLDER:** Dhanraj Mahase Mahase Livery Service,LLC 275 Grove St 2-400 Newton MA 774-444-9888  
**(Owner Name)** **(Company Name)** **(Company Address)** **(Company Phone Number)**  
Dhanraj Mahase@gmail.com  
**(email address)**

Please list below for each vehicle:

	<b>MASS. REG.# TAXI/PA #</b>	<b>MEDALLION #</b>	<b>VEHICLE ID # (VIN)</b>	<b>ODOMETER READING</b>	<b>TAXI METER SERIAL #</b>	<b>1<sup>ST</sup> INSPECTION (mileage &amp; meter #)</b>	<b>2<sup>nd</sup> INSPECTION (mileage &amp; meter #)</b>
1.	LVN 85226		WDDHF8JB7EB015189	150,000			
2.	LVN81607		1GYS4JKJ0KR288751	11,550			
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							



# CERTIFICATE OF REGISTRATION

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

RMV Division

PLATE TYPE <b>LVN</b>	REGISTRATION NUMBER <b>LV81607</b>	REGISTRATION TYPE <b>LIVERY</b>	EFFECTIVE DATE <b>10/16/19</b>	MONTH <b>07</b>	YEAR <b>21</b>	TRANSACTION NUMBER <b>02928942220103</b>										
APRIS MODEL YEAR <b>2019</b>	MAKE <b>CADI</b>	MODEL <b>ESCALA</b>	BODY STYLE TYPE <b>SUV</b>	COLOR <b>BLACK</b>	Not valid without official signature of Registrar											
VEHICLE IDENTIFICATION NUMBER <b>1GY84JKJ0KR288751</b>		INSURANCE COMPANY <b>LANCER INSURANCE</b>		TITLE NUMBER <b>EXAM</b>		REGISTRATION <i>James Jerlen</i>										
RESIDENTIAL ADDRESS (IF APPLICABLE)				IF VEHICLE CARRYING PASSENGERS FOR HIRE, NUMBER OF PASSENGERS THAT CAN BE SEATED. <b>07</b>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER										
NAMES OF OWNERS AND MAILING ADDRESS <b>MAHASE, DHANRAJ 275 GROVE STREET SUITE 2-400 NEWTON, MA 02466</b>				FEES <table border="0"> <tr> <td>REGISTRATION</td> <td>32.50</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><b>TOTAL</b></td> <td><b>32.50</b></td> </tr> </table>			REGISTRATION	32.50	TITLE	0.00	SPECIAL PLATES	0.00	SALES TAX	0.00	<b>TOTAL</b>	<b>32.50</b>
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<b>TOTAL</b>	<b>32.50</b>															
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																

<b>SPECIAL MESSAGE</b> 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.mass.gov/rmv](http://www.mass.gov/rmv) 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.mass.gov/rmv](http://www.mass.gov/rmv).

**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.mass.gov/rmv](http://www.mass.gov/rmv)

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 REGISTRATION

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

RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV85226	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 10/22/19	MONTH 06	YEAR 21	TRANSACTION NUMBER 01929542060107										
VEHICLE 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 LANCER INSURANCE		REGISTRAR <i>James J. Jelen</i>		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 05										
RESIDENTIAL ADDRESS (IF DIFFERENT)																
NAME(S) OF OWNER(S) AND MAILING ADDRESS MAHASE, DHANRAJ 275 GROVE ST SUITE 2 400 NEWTON, MA 02456				<b>FEES</b> <table> <tr> <td>REGISTRATION</td> <td>90.00</td> </tr> <tr> <td>TITLE</td> <td>75.00</td> </tr> <tr> <td>SPECIAL PLATES</td> <td>0.00</td> </tr> <tr> <td>SALES TAX</td> <td>712.50</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>877.50</b></td> </tr> </table>			REGISTRATION	90.00	TITLE	75.00	SPECIAL PLATES	0.00	SALES TAX	712.50	<b>TOTAL</b>	<b>877.50</b>
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Order a Special Plate

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

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS





# CERTIFICATE OF LIABILITY INSURANCE

#404-19 &amp; #405-19

DATE (MM/DD/YYYY)  
10/18/2019

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).

<b>PRODUCER</b> Lighthouse Insurance Agency, Ltd 470 West Broadway  South Boston MA 02127	<b>CONTACT NAME:</b> Anabela Covell <b>PHONE (A/C, No, Ext):</b> (617) 464-3777 <b>FAX (A/C, No):</b> (617) 464-3888 <b>E-MAIL ADDRESS:</b> anabela.covell@lighthouseins.net														
<b>INSURED</b> MAHASE LIVERY SERVICE LLC 275 Grove Street Suite 2-400 Newton MA 02466	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Lancer Insurance Company</td><td>26077</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lancer Insurance Company	26077	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** CL19101639796 **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/PROP AGG \$ OTHER:
A	<b>AUTOMOBILE LIABILITY</b> <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			BA174075#1	10/10/2019	10/10/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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: 2019 Cadi Excelsade VIN#1GYS4JKJ0KR288751  
Driver: Dhanraj Mahase DOB: 04/19/1987 MA Lic#S29804980

## CERTIFICATE HOLDER

Massport  
1 Harborside Drive #200  
  
East Boston MA 02128

## CANCELLATION

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

*Brian Boucher*

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# CERTIFICATE OF LIABILITY INSURANCE

#404-19 &amp; #405-19

DATE (MM/DD/YYYY)  
10/22/2019

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<b>PRODUCER</b> Lighthouse Insurance Agency, Ltd 470 West Broadway  South Boston MA 02127		<b>CONTACT NAME:</b> Anabela Covell <b>PHONE (A/C, No, Ext):</b> (617) 464-3777 <b>FAX (A/C, No):</b> (617) 464-3888 <b>E-MAIL ADDRESS:</b> anabela.covell@lighthouseins.net	
<b>INSURED</b> MAHASE LIVERY SERVICE LLC 275 Grove Street Suite 2-400 Newton MA 02466		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Lancer Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES** **CERTIFICATE NUMBER:** CL19102239851 **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.

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Massport is listed as Additional Insured.

Vehicle: 2014 Merz E350 VIN# WDDHF8JB7EB015189  
Driver: Dhanraj Mahase DOB: 04/19/1987 MA Lic#S29804980

## CERTIFICATE HOLDER

Massport 1 Harborside Drive #200  East Boston MA 02128
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AUTHORIZED REPRESENTATIVE  <i>Brian Boucher</i>

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
INSURANCE POLICY**



**AR INFORMATION PAGE**

175 Berkeley Street Boston, MA 02116

Issued by **LM INSURANCE CORPORATION**

**27243**

Policy Number **WC5-31S-618874-019**

Issuing Office **016C**

**RENEWAL OF:** **WC5-31S-618874-018**

Issue Date **05-06-19**

Account Number **1-618874**

Sub Account **0000**

1. Insured and Mailing Address  
**MAHASE LIVERY SERVICE LLC**

**RISK ID 001113874**

**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 | \$ | <b>500,000</b> | each accident |
| Bodily Injury by Disease  | \$ | <b>500,000</b> | policy limit  |
| Bodily Injury by Disease  | \$ | <b>500,000</b> | 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	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$	<b>297 (MA)</b>	Total Estimated Annual Premium \$	<b>2,172</b>
Premium will be billed	<b>ANNUAL</b>			

Producer **0004-165360**

**LIGHTHOUSE INS AGENCY LIMITED  
470 WEST BROADWAY  
S BOSTON MA 02127**





**Commonwealth of Massachusetts**  
**County of Middlesex**  
**City of Newton**

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**Certificate Stating Real Name of Person Transacting Business**

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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  
**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  
**Inspectional Services Department Official**

<b>Received:</b>	<b>Date:</b>	<u>10/27/2017</u>	<b>Time:</b>	<u>9:07 AM</u>
	<b>Book:</b>	<u>56</u>	<b>Page:</b>	<u>403</u>
	<b>Expires</b>	<u>10/27/2021</u>		

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

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David A. Olson, City Clerk