

POLICY NUMBER: 5004957

COMMERCIAL AUTO  
MM 00 94 10 06

## GARAGE DECLARATIONS - MASSACHUSETTS

SAFETY INSURANCE COMPANY	R.A.REINBOLD INS.AGENCY, INC. 05/31262
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ITEM ONE

RENEWAL

<b>Named Insured:</b>	A ULTRA AUTO CENTER AND SALON INC		
<b>Mailing Address:</b>	809 E WASHINGTON ST NO ATTLEBORO MA 02760		
<b>Policy Period</b>			
<b>From:</b>	12/08/2016		
<b>To:</b>	12/08/2017 At 12:01 A.M. Standard Time at your mailing address.		
<b>Previous Policy Number:</b>			

**Form Of Business:**

Corporation

Limited Liability Company

Individual

Partnership

Other:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$ 8.249.00

Audit Period (If Applicable):  Annually  Semi-Annually  Quarterly  Monthly

**Endorsements Attached To This Policy:**

IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)

SCA2386(0106) MM0095(1011) MM9923(0998) MM9954(0998)

EXP MODS : 0.95/0.90

END 1.0

RENEWAL

DE

Countersignature Of Authorized Representative	
<b>Name:</b>	
<b>Title:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**NOTE:**  
Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

**ITEM TWO  
SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
Compulsory Bodily Injury	32	\$20,000 each person \$40,000 each accident	\$1,385.00
Personal Injury Protection	32	\$8,000 each person	\$210.00
<b>LIABILITY INSURANCE</b>			
<b>COVERED "AUTOS"</b>			\$
Optional Bodily Injury		\$ each person \$ each accident	\$
Property Damage (Compulsory Limit \$5,000)		\$ each accident	\$
Liability	28,29,32	\$1,000,000 Each accident	\$4,890.00
<b>OTHER THAN COVERED "AUTOS"</b>			\$
Liability		\$ each accident \$ aggregate	\$
Medical Payments		\$ each person	\$
Uninsured Motorists (Compulsory Limits - \$20,000/40,000)	32	\$ 50,000 each person \$ 00,000 each accident	\$50.00
Underinsured Motorists	32	\$ 50,000 each person \$ 100,000 each accident	\$55.00

Table continued on next page.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
Garagekeepers Comprehensive Coverage		Separately Stated for Each Location In Item Seven	\$
Garagekeepers Specified Causes of Loss Coverage		Separately Stated for Each Location In Item Seven	\$
Garagekeepers Collision Coverage		Separately Stated for Each Location In Item Seven	\$
Physical Damage Comprehensive Coverage	31	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ 1,000 Ded. For Each Covered Auto.	\$911.00
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
Physical Damage Collision Coverage	31	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ 1,000 Ded. For Each Covered Auto.	\$748.00
Physical Damage Limited Collision Coverage		Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
Physical Damage Towing and Labor		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		Premium for Endorsements	\$
		*Estimated Total Premium	\$8,249.00

\*This Policy may be subject to final audit.

**ITEM THREE**

**Locations Where You Conduct Garage Operations**

Location Number	Address
	State Your Main Business Location First
1	809 E WASHINGTON ST NO ATTLEBORO MA 02760
2	
3	

**ITEM FOUR**

**LIABILITY, PIP, UNINSURED, UNDERINSURED MOTORISTS COVERAGE - PREMIUMS**

**Garage Operations - Covered "Auto" Premiums** The premiums for these coverages are based on the total number of dealer or repair plates. Specifically registered autos must be rated separately under Item Six .

Location No. 1

Number of Dealer or Repair Plates 5

Compulsory BI		PIP		Optional BI		Property Damage		Uninsured Motorist		Underinsured Motorist	
Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium
277	1385	42	210	637	3185	341	1705	10	50	11	55

Location No. 2

Number of Dealer or Repair Plates \_\_\_\_\_

Compulsory BI		PIP		Optional BI		Property Damage		Uninsured Motorist		Underinsured Motorist	
Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium

Location No. 3

Number of Dealer or Repair Plates \_\_\_\_\_

Compulsory BI		PIP		Optional BI		Property Damage		Uninsured Motorist		Underinsured Motorist	
Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium

**LIABILITY COVERAGE**

**Garage Operations - Other Than Covered "Auto" - Payroll Rating Basis**

Location No.	Estimated Payroll	Rate per \$100 of Payroll	Premium
1			
2			
3			
			<b>TOTAL PREMIUM</b> \$

**ITEM FIVE**

**LIABILITY COVERAGE FOR YOUR CUSTOMER**

Under Section IV - Liability Coverage, paragraph a. (2) (d) of **Who Is an Insured** does not apply unless indicated below by "X".

- If this box is checked, liability coverage for your customers is limited in accordance with the provisions under paragraph a. (2) (d) of **Who Is an Insured Under Section IV - Liability Coverage**.

**ITEM SIX**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New				\$	
		Actual Cost New (N) Or Used (U)				\$	
<b>Classification</b>							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Compulsory Bodily Injury</b>	\$	20,000 each person				\$	
	\$	40,000 each person				\$	
<b>Personal Injury Protection</b>	\$	8,000 each person				\$	
<b>LIABILITY INSURANCE</b>							
<b>Optional Bodily Injury</b>	\$	each person				\$	
	\$	each accident				\$	
<b>Property Damage (Compulsory Limit \$5,000)</b>	\$	each accident				\$	
<b>Liability</b>	\$	each accident				\$	
<b>Medical Payments</b>	\$	each person				\$	
<b>Uninsured Motorists (Compulsory Limits - \$20,000/40,000)</b>	\$	each person				\$	
	\$	each accident				\$	

POLICY NUMBER \_\_\_\_\_

Coverages	Limit	Premium
<b>Underinsured Motor-ists</b>	\$ each person \$ each accident	\$
<b>Physical Damage Comprehensive Coverage</b>	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Collision Coverage</b>	Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Limited Collision Coverage</b>	Actual Cash Value or Cost of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Towing And Labor</b>	\$ For Each Disablement Of A Private Passenger "Auto".	\$

POLICY NUMBER \_\_\_\_\_

Coverages	Limit	Premium
<b>Underinsured Motor-ists</b>	\$ each person \$ each accident	\$
<b>Physical Damage Comprehensive Coverage</b>	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Collision Coverage</b>	Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Limited Collision Coverage</b>	Actual Cash Value or Cost of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Towing And Labor</b>	\$ For Each Disablement Of A Private Passenger "Auto".	\$

**ITEM SIX**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Compulsory Bodily Injury</b>	\$	20,000 each person		\$			
	\$	40,000 each person		\$			
<b>Personal Injury Protection</b>	\$	8,000 each person		\$			
<b>LIABILITY INSURANCE</b>							
<b>Optional Bodily Injury</b>	\$	each person		\$			
	\$	each accident		\$			
<b>Property Damage (Compulsory Limit \$5,000)</b>	\$	each accident		\$			
<b>Liability</b>	\$	each accident		\$			
<b>Medical Payments</b>	\$	each person		\$			
<b>Uninsured Motorists (Compulsory Limits - \$20,000/40,000)</b>	\$	each person		\$			
	\$	each accident		\$			

POLICY NUMBER \_\_\_\_\_

Coverages	Limit	Premium
<b>Underinsured Motorists</b>	\$ each person \$ each accident	\$
<b>Physical Damage Comprehensive Coverage</b>	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Collision Coverage</b>	Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Limited Collision Coverage</b>	Actual Cash Value or Cost of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	\$
<b>Physical Damage Towing And Labor</b>	\$ For Each Disablement Of A Private Passenger "Auto".	\$

**ITEM SIX**

**Schedule Of Covered Autos You Own (Cont'd)**

Total Premiums	
<b>Compulsory Bodily Injury</b>	\$
<b>Personal Injury Protection</b>	\$
<b>Optional Bodily Injury</b>	\$
<b>Property Damage</b>	\$
<b>Liability</b>	\$
<b>Medical Payments</b>	\$
<b>Uninsured Motorists</b>	\$
<b>Underinsured Motorists</b>	\$
<b>Comprehensive</b>	\$
<b>Specified Causes of Loss</b>	\$
<b>Collision</b>	\$
<b>Limited Collision</b>	\$
<b>Towing and Labor</b>	\$

**ITEM SEVEN**

**Garagekeepers Coverages And Premiums**

Location Number:			
Coverages	Limit Of Insurance And Deductible		Premium
Comprehensive Or Specified Causes Of Loss	\$	Minus Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event; Or Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	\$
	\$		
	\$		
	\$		
	\$		
	\$		
Collision	\$ \$	Minus Deductible For Each Customer's Auto.	\$
Location Number:			
Coverages	Limit Of Insurance And Deductible		Premium
Comprehensive Or Specified Causes Of Loss	\$	Minus Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event; Or Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	\$
	\$		
	\$		
	\$		
	\$		
	\$		
Collision	\$ \$	Minus Deductible For Each Customer's Auto.	\$

Location Number:		
Coverages	Limit Of Insurance And Deductible	Premium
Comprehensive Or Specified Causes Of Loss	\$	\$
	\$	
	\$	
	\$	
	\$	
Collision	\$ \$	\$
Total Premium For All Locations		\$

**ITEM SEVEN****Garagekeepers Coverages And Premiums (Cont'd)****Direct Coverage Options**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

 **Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

 **Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

**ITEM EIGHT**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis**

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

Coverages	Types Of Autos		Interests Covered			
	New Autos	Used Autos, Demonstrators And Service Vehicles	Your Interest In Covered Autos You Own	Your Interest Only In Financed Covered Autos	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any Auto Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive		X	X		X	
Specified Causes Of Loss						
Collision or Limited Collision		X	X		X	

**ITEM EIGHT**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis (Cont'd)**

POLICY NUMBER

Location Number:			
Coverage	Limit Of Insurance And Deductible		Premium
Comprehensive Or Specified Causes Of Loss	\$ 50,000	Minus Deductible For Each Covered Auto And Subject To	\$ 911
	\$ 1,000		
	\$ 5,000	Maximum Deductible For Loss Caused By Theft, Any One Event	
	\$	Or	
	\$	Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	

Location Number:			
Coverage	Limit Of Insurance And Deductible		Premium
Comprehensive Or Specified Causes Of Loss	\$	Minus Deductible For Each Covered Auto And Subject To	\$
	\$		
	\$	Maximum Deductible For Loss Caused By Theft, Any One Event	
	\$	Or	
	\$	Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	

Location Number:			
Coverage	Limit Of Insurance And Deductible		Premium
Comprehensive Or Specified Causes Of Loss	\$	Minus Deductible For Each Covered Auto And Subject To	\$
	\$		
	\$	Maximum Deductible For Loss Caused By Theft, Any One Event	
	\$	Or	
	\$	Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	

**ITEM EIGHT**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis (Cont'd)**

<b>(All Locations) Collision or Limited Collision</b>	\$ 50,000		Minus		<b>Premium</b>
	\$ 1,000		Deductible For Each Covered Auto.		
	<b>Blanket Annual Collision Rates</b>				
	First \$50,000	\$50,001 to \$100,000	Over \$100,000	Factor	\$ 748
	1.51				

<b>Total Premium For All Locations</b>	<b>\$ 1659</b>
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<b>Our limit of insurance for "loss" at locations other than those stated in Item Three.</b>	
\$	Additional locations where you store covered "autos"
\$	In transit

**Premium Basis – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X")**

**Reporting Basis** (Quarterly or Monthly as indicated below by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in Item Three. For your main sales location you must include the total value of all service vehicles.

**Your Reporting Basis Is:**

**Quarterly**

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

**Monthly**

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

**Nonreporting Basis**

Stated limit of insurance shown above applies.

POLICY NUMBER \_\_\_\_\_

**Loss Payee – Any loss is payable as interest may appear to you and:**

**ITEM NINE**

**Medical Payments Coverage. Refer To Item Six For Covered Autos Insured On A Specified Car Basis.**

<b>Coverage</b>	<b>Premium Determination</b>	<b>Premium</b>
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	\$