

POLICY NUMBER: 5004956

COMMERCIAL AUTO  
MM 00 97 10 06

### DECLARATIONS – MASSACHUSETTS BUSINESS AUTO COVERAGE FORM

A ULTRA AUTO CENTER AND SALON INC	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.

<b>Premium shown is payable at inception:</b>	\$ 3,803.00
<b>Audit Period (If Applicable):</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>
IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)
SCA2386(0106)CA0001(0306)IL0003(0498)MM9911(1011)IL0017(1198)IL0021(0498)
MM9923(0998)MM9954(0998)MM2010(0104)CA9937(0306)

EXP MODS : 0.95/0.90

END 1.0  
RENEWAL

DE

<b>Countersignature Of Authorized Representative</b>	
<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 Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
<b>Compulsory Bodily Injury</b>	7	\$ 20,000 each person \$ 40,000 each accident	\$ 554.00
<b>Personal Injury Protection</b>	7	\$ 8,000 each person	\$ 84.00
<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>	7	\$ 1,000,000   each accident	\$ 1,956.00
<b>Medical Payments</b>		\$                   each person	\$
<b>Uninsured Motorists (Compulsory Limits - \$20,000/40,000)</b>	7	\$ 50,000       each person \$ 100,000     each accident	\$ 20.00
<b>Underinsured Motorists</b>	7	\$ 50,000       each person \$ 100,000     each accident	\$ 22.00

**ITEM TWO**

**Schedule Of Coverages And Covered Autos (Cont'd)**

<b>Coverages</b>	<b>Covered Autos</b>	<b>Limit</b>	<b>Premium</b>
<b>Physical Damage Comprehensive Coverage</b>	SEE CA9937	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$ 779.00
<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>	SEE CA9937	Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus \$ Ded. For Each Covered Auto.	\$ 388.00
<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.	\$
<b>Premium For Endorsements</b>			<b>\$</b>
<b>Estimated Total Premium*</b>			<b>\$ 3,803.00</b>
*This Policy May Be Subject To Final Audit.			

**ITEM THREE**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number: 1</b>							
Town And State Where The Covered Auto Will Be Principally Garaged				NORTH ATTLEBORO, MA 02760 TER 215/11			
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))				2 SETS OF REPAIR PLTS RPN B543			
<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.		
	78090						
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.)							
<b>Coverages</b>		<b>Limit</b>			<b>Premium</b>		
<b>Compulsory Bodily Injury</b>	\$	20,000 each person				\$	554
	\$	40,000 each accident					
<b>Personal Injury Protection</b>	\$	8,000 each person				\$	84
<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>	\$	1,000,000	each accident			\$	1956
<b>Medical Payments</b>	\$	each person				\$	
<b>Uninsured Motorists (Compulsory Limits - \$20,000/40,000)</b>	\$	50,000 each person				\$	20
	\$	100,000 each accident					

<b>Coverages</b>	<b>Limit</b>	<b>Premium</b>
<b>Underinsured Motor-ists</b>	\$ 50,000 each person \$ 100,000 each accident	\$ 22
<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 THREE**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number: 2</b>							
Town And State Where The Covered Auto Will Be Principally Garaged				NORTH ATTLEBORO, MA 02760 TER 215/11			
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))				GKLL DIRECT PRIM			
<b>Purchased:</b>		Original Cost New		\$ \$50,000			
		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.		
	78090						
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		\$			

<b>Coverages</b>	<b>Limit</b>	<b>Premium</b>
<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 \$ 500 Ded. For Each Covered Auto.	\$ 779
<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 \$ 500 Ded. For Each Covered Auto.	\$ 388
<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 THREE**

**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		\$			



<b>Coverages</b>	<b>Limit</b>	<b>Premium</b>
<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 THREE**

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

Total Premiums	
Compulsory Bodily Injury	\$ 554
Personal Injury Protection	\$ 84
Optional Bodily Injury	\$
Property Damage	\$
Liability	\$ 1956
Medical Payments	\$
Uninsured Motorists	\$ 20
Underinsured Motorists	\$ 22
Comprehensive	\$ 779
Specified Causes of Loss	\$
Collision	\$ 388
Limited Collision	\$
Towing and Labor	\$

**ITEM FOUR**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

Liability Coverage – Rating Basis, Cost Of Hire				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
	\$	\$		\$
Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)				
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
<b>Total Premium</b>				<b>\$</b>

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**ITEM FOUR**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)**

**Physical Damage Coverage**

Coverages	Limit Of Insurance		
<b>Comprehensive</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ _____ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$ _____	\$ _____	\$ _____
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ _____ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$ _____	\$ _____	\$ _____
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ _____ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$ _____	\$ _____	\$ _____
<b>Total Premium:</b>			\$ _____

**ITEM FIVE**

**Schedule For Non-Ownership Liability**

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$ _____
	Number Of Partners		\$ _____
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$ _____
Social Service Agencies	Number Of Employees		\$ _____
	Number Of Volunteers		\$ _____
<b>Total Premiums</b>			<b>\$ _____</b>

**ITEM SIX**

**Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns**

<b>Location No:</b>		
<b>(Check One)</b>	<b>Gross Receipts (Per \$100)</b>	<b>Mileage (Per Mile)</b>
<b>Estimated Yearly:</b>		
<b>Rates</b>		
<b>Liability</b>	<b>\$</b>	
<b>Auto Medical Payments</b>	<b>\$</b>	
<b>Premiums</b>		
<b>Liability</b>	<b>\$</b>	
<b>Auto Medical Payments</b>	<b>\$</b>	

<b>Location No:</b>		
<b>(Check One)</b>	<b>Gross Receipts (Per \$100)</b>	<b>Mileage (Per Mile)</b>
<b>Estimated Yearly:</b>		
<b>Rates</b>		
<b>Liability</b>	<b>\$</b>	
<b>Auto Medical Payments</b>	<b>\$</b>	
<b>Premiums</b>		
<b>Liability</b>	<b>\$</b>	
<b>Auto Medical Payments</b>	<b>\$</b>	
<b>Medical Expense Benefits (VA Only)</b>	<b>\$</b>	
<b>Income Loss Benefits (VA Only)</b>	<b>\$</b>	

**ITEM SIX**

**Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns (Cont'd)**

<b>Location No:</b>		
<b>(Check One)</b>	<b>Gross Receipts (Per \$100)</b>	<b>Mileage (Per Mile)</b>
<b>Estimated Yearly:</b>		
<b>Rates</b>		
<b>Liability</b>	<b>\$</b>	
<b>Auto Medical Payments</b>	<b>\$</b>	
<b>Premiums</b>		
<b>Liability</b>	<b>\$</b>	
<b>Auto Medical Payments</b>	<b>\$</b>	
<b>Medical Expense Benefits (VA Only)</b>	<b>\$</b>	
<b>Income Loss Benefits (VA Only)</b>	<b>\$</b>	

<b>Total Premiums</b>	
<b>Minimum Liability</b>	<b>\$</b>
<b>Minimum Auto Medical Payments</b>	<b>\$</b>
<b>Minimum Medical Expense Benefits (VA Only)</b>	<b>\$</b>
<b>Minimum Income Loss Benefits (VA Only)</b>	<b>\$</b>
<b>Liability</b>	<b>\$</b>
<b>Auto Medical Payments</b>	<b>\$</b>

<b>Location Number</b>	<b>Address</b>

When used as a premium basis:

**FOR PUBLIC AUTOS**

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation.

Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.