



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

07/03/2023

<b>AGENCY</b> USI Insurance Services LLC 475 Kilvert Street, Building B Suite 205 Warwick RI 02886		<b>CARRIER</b> Key Risk Insurance Company NAIC CODE 10885	
		<b>COMPANY POLICY OR PROGRAM NAME</b> PROGRAM CODE	
		<b>POLICY NUMBER</b>	
<b>CONTACT NAME:</b> Stephen Farrelly <b>PHONE (A/C No. Ext):</b> 401 558-3114 <b>FAX (A/C No.):</b> 877 484-4772 <b>E-MAIL ADDRESS:</b> stephen.farrelly@usi.com <b>CODE:</b> SUBCODE:		<b>UNDERWRITER</b> UNDERWRITER OFFICE	
<b>AGENCY CUSTOMER ID:</b> AAWRECKI		<b>STATUS OF TRANSACTION</b> <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 09/27/2023 12:01 PM	

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input checked="" type="checkbox"/> BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
<input checked="" type="checkbox"/> BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$	TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	UMBRELLA	\$

### ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE 09/27/2022	PROPOSED EXP DATE 09/27/2023	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN PF	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> A A Wrecking Co., Inc. R1307 Hartford Avenue Johnston RI 02919		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b> (401) 351-1188			
		<b>WEBSITE ADDRESS</b> www.aawrecking.com			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> A.A. Asbestos Abatement Co., Inc. R1307 Hartford Avenue Johnston RI 02919		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Asbestos Removal Contractors, Inc.		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: AAWRECKI

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: <del>Judy Ricciardi</del> Donna Capelo		CONTACT NAME: <del>Judy Ricciardi</del> Donna Capelo	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(401) 351-1188		(401) 351-1188	
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	R1307 Hartford Ave	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Johnston	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Providence				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Contractor's office and garage.					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
			%	%

## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED				
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## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED	Ford Motor Credit Corporation PO Box 390910  Minneapolis MN 55439						LOCATION:
<input checked="" type="checkbox"/> LIENHOLDER							BUILDING:
<input type="checkbox"/> LOSS PAYEE							VEHICLE: 36
<input type="checkbox"/> CO-OWNER							BOAT:
<input type="checkbox"/> BREACH OF WARRANTY							AIRPORT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							AIRCRAFT:
<input type="checkbox"/> LEASEBACK OWNER							ITEM CLASS:
<input type="checkbox"/> LENDER'S LOSS PAYABLE							ITEM:
	REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION			
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -		Vehicle No: 36 202...			
REASON FOR INTEREST: Ford Motor Credit is listed as Lienholder				FAX (A/C, No):			
				E-MAIL ADDRESS:			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>	OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	<input type="checkbox"/>
CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

\*\*\*\*\*SEE ACORD 101 - ADDITIONAL REMARKS SCHEDULE\*\*\*\*\*

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER		St Paul Fire and Casualty		
	POLICY NUMBER		CA0687639ASB		
	PREMIUM	\$	\$ 11,628	\$	\$
	EFFECTIVE DATE		09/16/1996		
	EXPIRATION DATE		09/16/1997		

## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER		ZZZ***Conversion Fix Me		
	POLICY NUMBER		AEI78701		
	PREMIUM	\$	\$ 515	\$	\$
	EFFECTIVE DATE		03/10/1995		
	EXPIRATION DATE		09/16/1995		
	CARRIER		St Paul Fire and Casualty		
	POLICY NUMBER		CA0479152		
	PREMIUM	\$	\$ 45,516	\$	\$
	EFFECTIVE DATE		09/16/1994		
	EXPIRATION DATE		09/16/1995		

## LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Stephen Farrelly</i>	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 9/26/2023	NATIONAL PRODUCER NUMBER



# **ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		CARRIER		NAIC CODE 10885
POLICY NUMBER	EFFECTIVE DATE 09/27/2023	NAMED INSURED(S) A A Wrecking Co., Inc.		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Ford Motor Credit Corporation PO Box 390910 Minneapolis MN 55439	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	<b>INTEREST IN ITEM NUMBER</b> LOCATION: _____ BUILDING: _____ VEHICLE: 37 BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION Vehicle No: 37 202...	
	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext): ( ) -					

REASON FOR INTEREST: Ford Motor Credit is listed as Lienholder

E-MAIL ADDRESS:

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	<b>INTEREST IN ITEM NUMBER</b> LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION	
	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):					

REASON FOR INTEREST:

E-MAIL ADDRESS:

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	<b>INTEREST IN ITEM NUMBER</b> LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION	
	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):					

REASON FOR INTEREST:

E-MAIL ADDRESS:

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	<b>INTEREST IN ITEM NUMBER</b> LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION	
	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):					

REASON FOR INTEREST:

E-MAIL ADDRESS:

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	<b>INTEREST IN ITEM NUMBER</b> LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION	
	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):					

REASON FOR INTEREST:

E-MAIL ADDRESS:

[illegible]

AGENCY CUSTOMER ID: AAWRECKI

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



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY USI Insurance Services LLC		NAMED INSURED A A Wrecking Co., Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE: 09/27/2023

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125 FORM TITLE: Commercial Insurance Application

\*\*\*\*\*ADDITIONAL INTERESTS\*\*\*\*\*

ADDITIONAL INTEREST NAME: Ford Motor Credit Corporation

Vehicle No: 36 2022 Ford F150

Vehicle No: 37 2022 Ford F150



# BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 09/27/2023	NAMED INSURED(S) A A Wrecking Co., Inc.		

## COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

**DRIVER INFORMATION** ☒ ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Paul Agular	M		11/18/1967			8461645	RI					
2	John Furtado East Greenwich RI 02818	M		11/21/1963			7914893	RI					
3	Valentino A Tirocchi East Greenwich RI 02818	M		01/18/1959			7500717	RI					
4	Jeff Hall Johnston RI 02919	M		02/17/1963			7910462	RI					
5	Rafael Santana Providence RI 02907	M		10/27/1967			9693430	RI					
6	Norman Diamante	M		09/05/1964			8014795	RI					
7	Valerie Mooney	F		04/17/1952			6809857	RI					
8	Valentino A Tirocchi	M		05/12/1989			2516446	RI					
9	Thomas Mooney Cranston RI 02920	M		01/28/1978			9410784	RI					
10	John Furtado Johnston RI 02919	M		09/20/1986			2318995	RI					
11	Gregorio Rosario Cranston RI 02910	M		05/26/1962			9314665	RI					
12	Louis Corvese	M		09/17/1974			9116779	RI					
13	Marcos Santana	M		04/26/1975			2014183	RI					

\* MARITAL STATUS / CIVIL UNION (If applicable)

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y/N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				
4. ARE ANY VEHICLES LEASED TO OTHERS?				
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				
VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)				
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				



## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: AAWRECKI

EXPLAIN ALL "YES" RESPONSES				Y/N
8. ANY HOLD HARMLESS AGREEMENTS?				
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.				
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?				
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <b>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</b> 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.				
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV
15. HAS AGENT INSPECTED VEHICLES?				
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?				
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION Describe:				
DESCRIPTION OF GARAGE / STORAGE LOCATIONS				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		ACORD 45 attached for additional names	
<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ Ford Motor Credit Corporation PO Box 390910 Minneapolis MN 55439 REFERENCE / LOAN #: _____	EVIDENCE: _____ CERTIFICATE: _____ INTEREST IN ITEM NUMBER VEHICLE: 36 37 LOCATION: _____
<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ Ford Motor Credit Corporation PO Box 390910 Minneapolis MN 55439 REFERENCE / LOAN #: _____	EVIDENCE: _____ CERTIFICATE: _____ INTEREST IN ITEM NUMBER VEHICLE: 36 37 LOCATION: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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VEHICLE DESCRIPTION ☐ ACORD 129 attached for additional vehicles

VEH # 1	YEAR	MAKE: Transporter MODEL: Plate	BODY TYPE: Other V.I.N.:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY		COUNTY		STATE	ZIP	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 2	YEAR 2004	MAKE: Kenworth MODEL: T800	BODY TYPE: Truck V.I.N.: 1NKDXUEX64J067615	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY) R1307 Hartford Ave		CITY Johnston		COUNTY Providence		STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 3	YEAR 2003	MAKE: Ford MODEL: E350	BODY TYPE: Van V.I.N.: 1FDWE35L03HA94060	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston		COUNTY		STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 4	YEAR 2007	MAKE: Ford MODEL: F250	BODY TYPE: Truck V.I.N.: 1FTSF2157ED08142	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY) R1307 Hartford Ave		CITY Johnston		COUNTY Providence		STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG	AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**SIGNATURE**

AGENCY CUSTOMER ID: AAWRECKI

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		CARRIER Key Risk Insurance Company	NAIC CODE 10885
POLICY NUMBER BAP152087322	EFFECTIVE DATE 09/27/2022	NAMED INSURED(S) A A Wrecking Co., Inc.	

**LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.**

[illegible]

\* MARITAL STATUS / CIVIL UNION (if applicable)



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		CARRIER Key Risk Insurance Company		NAIC CODE 10885
POLICY NUMBER BAP152087322		EFFECTIVE DATE 09/27/2022	NAMED INSURED(S) A A Wrecking Co., Inc.	

## VEHICLE DESCRIPTION

VEH # 5	YEAR 2009	MAKE: Kruz MODEL: Tri-Dump	BODY TYPE: Dump Trailer V.I.N.: 1K9SD38359K226797	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE ME	TERR	GVW / GCW 70,000	CLASS 68479	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 47,500					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 6	YEAR 1982	MAKE: Steel MODEL: Semi Trailer	BODY TYPE: Semi-Trailer V.I.N.: A324515	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 61,000	CLASS 67489	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 7,000					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 7	YEAR 2013	MAKE: Ford MODEL: F-150 4X2 Reg Cab	BODY TYPE: Pickup V.I.N.: 1FTNF1CF3DKG03805	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 7,050	CLASS 01489	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 26,250					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 8	YEAR 2011	MAKE: Ford MODEL: F-150	BODY TYPE: Pickup V.I.N.: 1FTFX1EFXBFA67696	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 7,200	CLASS 01499	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 24,500					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 9	YEAR 1999	MAKE: Redi FSL MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 47SS142T6X1014724	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 11,680	CLASS 68489	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 1,500					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		CARRIER Key Risk Insurance Company		NAIC CODE 10885
POLICY NUMBER BAP152087322		EFFECTIVE DATE 09/27/2022	NAMED INSURED(S) A A Wrecking Co., Inc.	

## VEHICLE DESCRIPTION

VEH # 10	YEAR 2015	MAKE: Ford MODEL: E-350 Van	BODY TYPE: Van V.I.N.: 1FDWE3FL3FDA01526	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY) Johnston		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 11,500	CLASS 01489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
FARTHEST TERMINAL		COST NEW \$ 38,548						
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 11	YEAR 2013	MAKE: Ford MODEL: F-150 4X2 Reg Cab	BODY TYPE: Pickup V.I.N.: 1FTNF1CF5DKG03806	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY) Johnston		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 7,050	CLASS 01489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
FARTHEST TERMINAL		COST NEW \$ 26,250						
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 12	YEAR 2000	MAKE: Dorsey MODEL: Tri-Dump	BODY TYPE: Trailer V.I.N.: 1DTD28C21YS080794	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY) R1307 Hartford Ave		CITY Johnston	COUNTY Providence	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 85,000	CLASS 68489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
FARTHEST TERMINAL		COST NEW \$ 3,000						
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 13	YEAR 2005	MAKE: Mack MODEL: CHN613	BODY TYPE: Truck-Tractor V.I.N.: 1M1AJ06Y65N001727	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY) Johnston		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 80,000	CLASS 50499	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
FARTHEST TERMINAL		COST NEW \$ 68,000						
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 14	YEAR 2014	MAKE: Ford MODEL: E-350	BODY TYPE: Van V.I.N.: 1FDWE3FL3EDB09790	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY) Johnston		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 12,500	CLASS 01489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
FARTHEST TERMINAL		COST NEW \$ 36,548						
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		CARRIER Key Risk Insurance Company		NAIC CODE 10885
POLICY NUMBER BAP152087322		EFFECTIVE DATE 09/27/2022	NAMED INSURED(S) A A Wrecking Co., Inc.	

## VEHICLE DESCRIPTION

VEH # 15	YEAR 1998	MAKE: Benson MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 1Z9DC3026WM048370	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY) Johnston		CITY Johnston	COUNTY		STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 85,800	CLASS 68489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>		MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>
FARM <input type="checkbox"/>		SERVICE <input type="checkbox"/>		UNINS MOTOR <input type="checkbox"/>		SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 16	YEAR 2012	MAKE: Freightliner MODEL: Truck	BODY TYPE: Tractor V.I.N.: WDYPE7CC5C5650307	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY) R1307 Hartford Ave		CITY Johnston	COUNTY Providence		STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>		MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>
FARM <input type="checkbox"/>		SERVICE <input type="checkbox"/>		UNINS MOTOR <input type="checkbox"/>		SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 17	YEAR 2017	MAKE: Magnum MODEL: Water Trailer	BODY TYPE: Trailer V.I.N.: 5AJWS1422EB408081	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input checked="" type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE RI	TERR	GVW / GCW 7,000	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE		COMM'L <input checked="" type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>		MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>
FARM <input type="checkbox"/>		SERVICE <input type="checkbox"/>		UNINS MOTOR <input type="checkbox"/>		SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 18	YEAR 1996	MAKE: Home Made MODEL: Utility Trailer	BODY TYPE: Trailer V.I.N.: N/A	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE RI	TERR	GVW / GCW 1,500	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>		MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>
FARM <input type="checkbox"/>		SERVICE <input type="checkbox"/>		UNINS MOTOR <input type="checkbox"/>		SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 20	YEAR 2004	MAKE: Peterbilt MODEL: 379	BODY TYPE: Truck-Tractor V.I.N.: 2XP5DB0X84M825276	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input checked="" type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Johnston	COUNTY		STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 80,000	CLASS 40489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR <input type="checkbox"/>	F <input type="checkbox"/>	LSP <input type="checkbox"/>
PLEASURE <input type="checkbox"/>		RETAIL <input type="checkbox"/>		MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	TOWING & LABOR <input type="checkbox"/>	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>
FARM <input checked="" type="checkbox"/>		SERVICE <input type="checkbox"/>		UNINS MOTOR <input type="checkbox"/>		SPEC C OF L <input type="checkbox"/>	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

07/03/2023

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## VEHICLE DESCRIPTION

VEH # 21	YEAR 2000	MAKE: Mack MODEL: CH613	BODY TYPE: Truck-Tractor V.I.N.: 1M1AA18Y4YW121043	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 80,000	CLASS 50499	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	
FARM		RETAIL	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 22	YEAR 2012	MAKE: Landoll MODEL: 855C - Trailer	BODY TYPE: Trailer V.I.N.: 1LH855WJ5C1C19361	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	
FARM		RETAIL	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 23	YEAR 2001	MAKE: Ford MODEL: F450 Regular Cab	BODY TYPE: Pickup V.I.N.: 1FDXF46F01EB78409	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input checked="" type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 15,000	CLASS 21489	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	
FARM		RETAIL	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 24	YEAR 2011	MAKE: Freight MODEL: Sprinter	BODY TYPE: Van V.I.N.: WDYPE8CC0B5545940	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY) R1307 Hartford Ave		CITY Johnston	COUNTY Providence	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	
FARM		RETAIL	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 25	YEAR 2011	MAKE: Ford MODEL: F-250 Reg Cab XL 4X2	BODY TYPE: Pickup V.I.N.: 1FTBF2A60BEB11966	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input checked="" type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919		
LIC STATE RI	TERR	GVW / GCW 9,900	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	
FARM		RETAIL	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR	FT	FTW	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			





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## VEHICLE DESCRIPTION

VEH # 26	YEAR 2009	MAKE: Kruz MODEL: Semi-Trl	BODY TYPE: Dump Truck V.I.N.: 1K9SD34269K226787	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 80,000	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 44,000					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 27	YEAR 1987	MAKE: Talbert MODEL: 60 Ton Lowbed	BODY TYPE: Trailer V.I.N.: 40FW04734H1007103	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 80,000	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 25,500					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 28	YEAR 2014	MAKE: B Wise MODEL: Tag-A-Long	BODY TYPE: Trailer V.I.N.: 1A9B1EF21EC904039	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW 15,000	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 4,800					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 29	YEAR 2014	MAKE: LEXUS MODEL: RX350	BODY TYPE: Private Passenger V.I.N.: 2T2BK1BA9EC242874	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY Johnston	COUNTY	STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 49,989					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 30	YEAR 2006	MAKE: Mack MODEL: 600 CXN800	BODY TYPE: Truck-Tractor V.I.N.: 1M1AK07Y86N009129	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE RI	TERR	GVW / GCW 80,000	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 42,000					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			



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## VEHICLE DESCRIPTION

VEH # 31	YEAR 2007	MAKE: Ford MODEL: F150	BODY TYPE: Pickup V.I.N.: 1FTRF14V17NA60819	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required In KY) Johnston		CITY			STATE RI	ZIP	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			UNINS MOTOR	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 32	YEAR 2009	MAKE: Anderson MODEL: Construction	BODY TYPE: Trailer V.I.N.: 4YNBN20229C056730	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required In KY) R1307 Hartford Ave		CITY Johnston			STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			UNINS MOTOR	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 34	YEAR 2018	MAKE: Peterbilt MODEL: Rolloff	BODY TYPE: Truck V.I.N.: 1NPCX4EX3JD487204	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required In KY)		CITY			STATE	ZIP	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			UNINS MOTOR	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 35	YEAR 1999	MAKE: Ford MODEL: Box Truck	BODY TYPE: Truck V.I.N.: 1FDW37L8XHA7734	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required In KY)		CITY			STATE	ZIP	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			UNINS MOTOR	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 36	YEAR 2022	MAKE: Ford MODEL: F150	BODY TYPE: Pickup V.I.N.: 1FTFW1E84NFC23661	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required In KY) R1307 Hartford Ave		CITY Johnston			STATE RI	ZIP 02919	
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			UNINS MOTOR	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				



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## VEHICLE DESCRIPTION

VEH # 37	YEAR 2022	MAKE: Ford MODEL: F150	BODY TYPE: Pickup V.I.N.: 1FTFW1E80NFC23687	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS R1307 Hartford Ave	CITY Johnston		COUNTY Providence		STATE RI		ZIP 02919			
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$ 72,950
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						\$ 1,000 \$ 1,000 COLL
VEH # 38	YEAR 2015	MAKE: Ford MODEL: F350	BODY TYPE: Pickup V.I.N.: 1FDRF3H65FEC92509	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS R1307 Hartford Ave	CITY Johnston		COUNTY Providence		STATE RI		ZIP 02919			
LIC STATE RI	TERR	GVW / GCW	CLASS	SIC 179500	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$ 29,630
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						\$ 1,000 \$ 1,000 COLL
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
										\$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						\$ \$ COLL
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
										\$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						\$ \$ COLL
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
										\$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$						\$ \$ COLL



# RHODE ISLAND COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

07/03/2023

AGENCY USI Insurance Services LLC		NAMED INSURED(S) A A Wrecking Co., Inc.	
POLICY NUMBER	EFFECTIVE DATE 09/27/2023	CARRIER	NAIC CODE

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000			
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 8	PROPERTY DAMAGE \$			
			<b>PHYSICAL DAMAGE</b>		
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$
			COMP / OTC	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 8	
				<input type="checkbox"/> 3 <input type="checkbox"/> 7	
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$ 2,500	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			<input type="checkbox"/> 3 <input type="checkbox"/> 7	
UNINSURED / UNDERINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	CSL (BI Only) EA ACC \$	COLLISION	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 8	
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	CSL (BI PD) EA ACC \$		<input type="checkbox"/> 3 <input type="checkbox"/> 7	
	<input type="checkbox"/> 4	BI EA PER \$ EA ACC \$			
		PD EA ACC \$			
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO RI	COST OF HIRE \$ IF ANY BASIS			
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO RI	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	NUMBER OF 9	HIRED PHYSICAL DAMAGE	STATES RI # DAYS # VEH COVERAGE / DEDUCTIBLE <input checked="" type="checkbox"/> COMP \$ 100 <input checked="" type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 1,000
				COVERAGE IS:	PRIMARY SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS				

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****SIGNATURE**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:

1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
 3. I REJECT UM/UIM PD COVERAGE \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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## TRUCKERS SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
LIABILITY	41	46	CSL	BI	EA PER \$	COMP / OTC	42	47					\$
	42	47	BI EACH ACCIDENT	\$	43								
	43	50	PROPERTY DAMAGE	\$	46								
						SPECIFIED CAUSES OF LOSS	42	47	SCL	FT	LSP		
							43		F	FTW			\$
							46						
MEDICAL PAYMENTS	42	46	EACH PERSON	\$		COLLISION	42	47					\$
	43				43								
					46								
UNINSURED / UNDERINSURED MOTORIST	42	46	CSL (BI Only) EA ACC	\$		TOWING & LABOR	46						\$
	43		CSL (BI PD) EA ACC	\$									
	45		BI EA PER \$	EA ACC \$									
			PD	EA ACC \$									
TRAILER INTERCHANGE													
COVERAGES		SYMBOL		# TRAILERS		FARTH ZONE		# DAYS		RADIUS		DEDUCTIBLE	
COMP / OTC	48												
	49												
SPECIFIED CAUSES OF LOSS	48												
	49												
COLLISION	48												\$
	49												
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO		EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
OTHER													
							COVERAGE IS:		PRIMARY		SECONDARY		
OTHER													

## COVERED AUTO SYMBOLS

(41) ANY AUTO  
(42) OWNED AUTOS ONLY  
(43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT  
(45) OWNED AUTOS SUBJECT TO A  
COMPULSORY UNINSURED  
MOTORIST LAW

## (46) SPECIFICALLY DESCRIBED AUTOS

(47) HIRED AUTOS ONLY  
(48) TRAILERS IN YOUR POSSESSION UNDER  
A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF  
ANOTHER TRUCKER UNDER A TRAILER  
INTERCHANGE AGREEMENT  
(50) NON-OWNED AUTOS ONLY

## ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
3. I REJECT UM/UIM PD COVERAGE \_\_\_\_\_ (INITIALS)

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APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

## MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE
LIABILITY	61	67	CSL	BI	EA PER \$	COMP / OTC	62	67				\$
	62	68	BI EACH ACCIDENT	\$	63		68					
	63	71	PROPERTY DAMAGE	\$	64							
	64											
						SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
							63	68	F	FTW		\$
							64					
						COLLISION	62	67				
							63	68				\$
							64					
MEDICAL PAYMENTS	62	64		EACH PERSON	\$	TOWING & LABOR	63			\$		
	63	67					67					
UNINSURED / UNDERINSURED MOTORIST	62	66	CSL (BI Only)	EA ACC	\$	TRAILER INTERCHANGE						
	63	67	CSL (BI PD)	EA ACC	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		BI	EA PER \$	EA ACC \$	COMP / OTC	69					
			PD	EA ACC	\$		70					
						SPECIFIED CAUSES OF LOSS	69					
							70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		COLLISION	69					\$
	NO		\$				70					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$									
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF								
	NO		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
OTHER						OTHER						

## COVERED AUTO SYMBOLS

(61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

## ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
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APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

## ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 137 FORM TITLE: Commercial Auto

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
	RI			ZZ9Z	Registration Plates Not									
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
				ZZ9Z	Additional Insured with 30 D...									
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
				BLEND	Blanket Additional Insured									
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
				ZZ9Z	Pollution Liability - Broaden...	CA9948	2006-03-01							
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
				WOS	Waiver of Subrogation									
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY USI Insurance Services LLC		NAMED INSURED A A Wrecking Co., Inc. Asbestos Removal Contractors, Inc.	
POLICY NUMBER BAP152087322			
CARRIER Key Risk Insurance Company	NAIC CODE 10885	EFFECTIVE DATE: 09/27/2022	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: OFBAADC FORM TITLE: Additional Coverages

## \*\*\*\*\* COVERAGES \*\*\*\*\*

Cov Desc: Registration Plates Not Issued for a Specific Auto

Cov Desc: Additional Insured with 30 Day Notice of Cancellation - Providence Journal

Cov Desc: Pollution Liability - Broadened Coverage for Covered Autos



## **RHODE ISLAND BODILY INJURY AND PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE SELECTION/PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE REJECTION**

<b>Policy Number:</b> BAP1520873_	<b>Policy Effective Date:</b> 09/27/2023
<b>Company:</b> Key Risk Insurance Company	<b>Producer:</b> AmWINS Brokerage of New England, LLC
<b>Applicant/Named Insured:</b> AA Wrecking Co., Inc.	

Rhode Island law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available with respect to the selection of Bodily Injury Uninsured Motorists Coverage limits and Property Damage Coverage limits.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

If Bodily Injury Uninsured Motorists Coverage is purchased, coverage will be included in your policy at limits equal to your Split Limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage, unless a lower limit(s) is selected. In addition, you may purchase Property Damage Uninsured Motorists Coverage or you may reject such coverage.

Please indicate one choice from **A.** or **B.** by initialing next to the appropriate item and signing below.

**A. Selection Of Bodily Injury And Property Damage Uninsured Motorists Coverage Limits**

By initialing below, you are selecting Bodily Injury AND Property Damage Uninsured Motorists Coverage.

Please indicate your choice by initialing next to the appropriate item(s) in **1.a.** OR **1.b.** (Split Limits) or **2.a** OR **2.b.** (Combined Single Limit) and signing where indicated.

**1. Split Limits**

Please note that we only offer Property Damage Uninsured Motorists Coverage limits up to the Property Damage Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials)				
a. I select Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) AND Property Damage Uninsured Motorists Coverage at a limit of \$25,000 for each accident.				
_____				
OR				
b. I select Bodily Injury Uninsured Motorists Coverage (split limits) AND Property Damage Uninsured Motorists Coverage at the following limits:				
_____				
(Choose one Split Limits Bodily Injury limit option AND one Property Damage limit option.)				
(Initials)	Split Limits Bodily Injury	AND	(Initials)	Property Damage
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	_____
_____	250,000/500,000			(Other)
_____	500,000/1,000,000			
_____	_____			
	(Other)			

## 2. Combined Single Limit

(Initials)

VRM

- a. I select Bodily Injury and Property Damage Uninsured Motorists Coverage at a limit equal to my Combined Single Limit for Liability Coverage.

OR

- b. I select Bodily Injury and Property Damage Uninsured Motorists Coverage at the following limit:

\_\_\_\_\_

(Choose one.):

(Initials)

Combined  
Single Limits

\_\_\_\_\_ \$

75,000

\_\_\_\_\_

100,000

\_\_\_\_\_

250,000

\_\_\_\_\_

350,000

\_\_\_\_\_

500,000

\_\_\_\_\_

1,000,000

\_\_\_\_\_

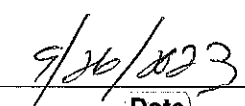
(Other)

**B. Rejection Of Property Damage Uninsured Motorists Coverage And Selection Of Bodily Injury Uninsured Coverage Only**

By initialing below, you are rejecting Property Damage Uninsured Motorists Coverage. Please indicate your choice by initialing next to the appropriate item and signing where indicated.

(Choose one.) (Initials)	<b>I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.</b>			
_____	<b>OR</b>			
b.	<b>I reject Property Damage Uninsured Motorists Coverage and I select ONLY Bodily Injury Uninsured Motorists Coverage at the following limits, which are lower than the limits of my Bodily Injury Liability Coverage:</b>			
_____	(Choose one.):			
(Initials)	Split Limits	OR	(Initials)	Combined Single Limits
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	350,000
_____	500,000/1,000,000		_____	500,000
_____	_____		_____	1,000,000
	(Other)			
			_____	(Other)

  
\_\_\_\_\_  
Signature Of Applicant/Named Insured

  
\_\_\_\_\_  
Date