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	ite 205 arwick				RI 02886	POLIC	Y NU	MBER								
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NAI PHO	NTACT Stephen Farre ME: Stephen Farre DNE (100 Ext): 401 558-3	114				UNDE	RWRI	TER				UNDER	WRITER OF	FICE		
FA)	No. Ext): 401 000-0 No): 877 484-4772	117							∇	QUOTE	:		ISSUE POLI	rv	$\neg \nabla$	RENEW
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	DRIVER INFORMATION S	SCHEDULE		PR	OFESSIONAL LIABILITY	SUPPLI	EMEN	NT								
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AGENCY CUSTOMER ID: AAWRECKI CONTACT INFORMATION Inspection Contact Accounting Contact CONTACT TYPE: CONTACT TYPE: CONDARY HOME BUS CELL CONTACT NAME: Judy-Riseard Donna -Judy-Riccardi-CONTACT NAME: PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL HOME BUS 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 R1307 Hartford Ave CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SO FT сіту: Johnston STATE: RI BLD# OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT county: Providence zip:02919 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: Contractor's office and garage. ANY AREA LEASED TO OTHERS? Y / N STREET LOC# CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT CITY: STATE: BLD# OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: COUNTY: ZIP: 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: \$** INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA; SQ FT COUNTY: ZIP: SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N **NATURE OF BUSINESS** DATE BUSINESS STARTED (MM/DD/YYYY) **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS 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 ADDITIONAL LIENHOLDER INSURED BREACH OF WARRANTY LOCATION: BUILDING: Ford Motor Credit Corporation LOSS PAYEE VEHICLE: 36 BOAT: PO Box 390910 CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: EMPLOYEE AS LESSOR LEASEBACK OWNER OWNER ITEM: CLASS: Minneapolis MN 55439 REGISTRANT ITEM DESCRIPTION LENDER'S TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: Vehicle No: 36 202... LOSS PAYABLE PHONE (A/C, No, Ext): () FAX (A/C, No): REASON FOR INTEREST: Ford Motor Credit is listed as Lienholder E-MAIL ADDRESS:

EXP	AIN ALL "YES" R	ESPONSE	8							Y/N	
1a.	IS THE APPLIC	ANT A S	UBSIDI/	ARY OF ANOTHER ENTI	TY?						
	PARENT COMP	ANY NAM	E				RELATIONSHIP D	ESCRIPTION	% OWNED		
1h	DOES THE API	PLICANT	HAVE A	ANY SUBSIDIARIES?							
'*'	SUBSIDIARY CO			III. CODOIDINI (ILO:			RELATIONSHIP DESCRIPTION % OW				
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4.	ANY OTHER IN	ISURAN	CE WITI	H THIS COMPANY? (LI	st policy numbers)						
	LINE OF BUSIN	ESS		POLICY NUMBER		LINE OF BUSINES	ss	POLICY NUMBER		.	
		· . · ·									
5.	I I I I I I I I I I I I I I I I I I I					I JRING THE PRIOR	THREE (3) YEARS	 FOR ANY PREMISES	I OR		
	OPERATIONS?	(Missou	ı <u>rî Ap</u> plic	cants - Do not answer t	his question)						
	NON-PAYN		\vdash	GENT NO LONGER REPRES	SENTS CARRIER CONDITION CORRECTED	(Describe):				İ	
6.			Ц		L ABUSE OR MOLESTA	<u> </u>	NS, DISCRIMINATIO	ON OR NEGLIGENT HIF			
							·				
7.	DURING THE L BRIBERY, ARS	AST FIVE ON OR A	E YEARS NY OTH	S (TEN IN RI), HAS ANY IER ARSON-RELATED (APPLICANT BEEN INDI- CRIME IN CONNECTION	CTED FOR OR CO I WITH THIS OR AI	NVICTED OF ANY NY OTHER PROPE	DEGREE OF THE CRIN	IE OF FRAUD,		
	(In RI, this ques	tion must	be ansv	vered by any applicant fo if imprisonment).	r property insurance. Fai	lure to disclose the	existence of an arso	on conviction is a misder	neanor punishable		
	by a semence o	i up to oi	ia yaar o	i imprisoritienty.							
8.	ANY UNCORRE	CTED F	IRE AND	O/OR SAFETY CODE VIO	DLATIONS?			•			
	OCCUR DATE	EXPLAN	IATION				RESOLUTION		RESOLVE DATE		
		<u> </u>			 			***************************************			
9.	HAS APPLICAN	IT HAD A	FOREC	LOSURE, REPOSSESS	ION, BANKRUPTCY OR	FILED FOR BANK	RUPTCY DURING	THE LAST FIVE (5) YEA			
	OCCUR DATE	EXPLAN					RESOLUTION RESOLVE DATE				
10	LIAC ADDITION	IT I LATA	ILIDOD	MENT OF LIEN PURIN	THE LAST PART (6) VE	Alben					
10.	OCCUR DATE	EXPLAN		WENT OR LIEN DORING	G THE LAST FIVE (5) YE		RESOLUTION		RESOLVE DATE		
				IN A TRUST? NAME OF		3.140 DB0D110TB					
					ISTRIBUTED IN USA, OF ACORD 816 for Property		SOLD / DISTRIBUT	ED IN FOREIGN COUN	TRJES?		
13.	DOES APPLICA	NT HAV	E OTHE	R BUSINESS VENTURE	S FOR WHICH COVERA	GE IS NOT REQU	ESTED?	127-14070-1-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
14	DOES APPLICA	NT OWN	J/IFAS	E / OPERATE ANY DRO	NES? (If "YES", describe	e use)	TOTAL MITTO PARILLE				
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15.	DOES APPLICA	NT HIRE	OTHER	RS TO OPERATE DRON	ES? (If "YES", describe u	ıse)		HAR TANKELLI, III			
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					101, Additional Ren		may be attache	d if more space is re	equired)		
		ACOKL	7 TUT ~ /	ADDITIONAL KEMAK	KS SCHEDULE******						
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	OR CARRIER	RINFOR	RMATIC								
YEAI	CARRIER	<u></u>	 	GENERAL LIABILITY	St Paul Fire and		PROPE	ERTY OTHE	<u> </u>		
	POLICY NUME	BER	 		CA0687639ASB	•					
	PREMIUM		\$		\$ 11,628		\$	\$			
	EFFECTIVE D.				09/16/					-	
	EXPIRATION I	DATE	<u> </u>		09/16/	/1997			<u> </u>		

GENERAL INFORMATION

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		A CONTRACTOR OF THE CONTRACTOR
Ì	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	SUBRO- GATION 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)

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 HEN Farrelly	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE (APPLICANT'S SIGNATURE)		DATE 9/26/2023	NATIONAL PRODUCER NUMBER
ACORD 125 (2016/03)	Page 4 of 4	7 7	TXTCB

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<u> </u>	INSURED BREACH OF	-	LOSS PAYEE MORTGAGEE	Ford Motor Credit Corporation	ı					VEHICLE: 37	BUILD		
\vdash	WARRANTY CO-OWNER		OWNER	PO Box 390910									
-	EMPLOYEE		REGISTRANT	1 0 000 000010						AIRPORT: AIRCRAFT: SCHED #: ITEM:			
\vdash	AS LESSOR LEASEBACK		TRUSTEE	Minneapolis			MN 55439			ITEM CLASS:	ITEM:		
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∇	LIENHOLDER		REFERENCE / LOAN #: INTEREST END DATE:							Vehicle No: 37	202		
				LIEN AMOUNT:		-	IONE (A/C, No, Ext): {	') <i>-</i>					
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L_	AS LESSOR		REGISTRANT							SCHED #:	ITEM:	·	
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	WARRANTY		MORTGAGEE							VEHICLE:	BOAT:		
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	PRIOR CARRIER INFORMATION												
YEAR	CARRIER & POLICY NUMBER	EFF DATE	EXP DATE	LINE	MOD	PREMIUM							
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ADDITIONAL REMARKS SCHEDULE

Page ____ of _

AGENCY		NAMED INSURED						
USI Insurance Services LLC		A A Wrecking Co., I	nc,					
POLICY NUMBER								
CADDIED	NAIG CORT	-						
CARRIER	NAIC CODE							
	Į	EFFECTIVE DATE:	09/27/2023					
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,							
FORM NUMBER: 125 FORM TITLE: Commercial Insu	rance Applicat	ion						

ADDITIONAL INTEREST NAME: Ford Motor Credit Corporation								
Vehicle No: 36 2022 Ford F150								
Weblele New 07 0000 Feed F4F0								
Vehicle No: 37 2022 Ford F150								
			•					

ACORD®	BUSINESS AUTO SECTION							
AGENCY			CARRIER					
USI Insurance Services LLC								

Doon	1200 AU	10 OLOTION	07/03/2023		
AGENCY		CARRIER		NAIC CODE	
USI Insurance Services LLC					
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)			
	09/27/2023	A A Wrecking Co., Inc.			

COVERAGES / LIMITS USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION DRIVER INFORMATION X 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. NAME CITY, STATE AND ZIP CODE SEX STAT YRS YEAR DRIVERS LICENSE NUMBER/ STATE DATE EXP LIC SOCIAL SECURITY NUMBER LIC HIRE DATE OF BIRTH BROADEN NO-FAULT DOC USE % VEH# USE Paul Agular 8461645 1 М RI 11/18/1967 John Furtado 7914893 2 М RI 11/21/1963 East Greenwich RI 02818 Valentino A Tirocchi 7500717 3 М RΙ 01/18/1959 East Greenwich RI 02818 Hall 7910462 Jeff 4 Μ RI 02/17/1963 RI 02919 Johnston Rafael Santana 9693430 5 Μ RΙ 10/27/1967 Providence RI 02907 8014795 Norman Diamante 6 М RΙ 09/05/1964 Valerie Mooney 6809857 F 7 RI 04/17/1952 Valentino A Tirocchi 2516446 8 Μ RI 05/12/1989 9410784 Thomas Mooney М RΙ 01/28/1978 Cranston RI 02920 John Furtado 2318995 10 M RI 09/20/1986 Johnston RI 02919 Gregorio Rosario 9314665 11 М RI 05/26/1962 Cranston RI 02910 9116779 Louis Corvese 12 М RI 09/17/1974 Marcos Santana 2014183 13 М RI 04/26/1975

GENERAL INFORMATION

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EXF	PLAIN ALL "YES" RESPONSES		_				Y/N			
1.	WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR REGISTERED TO THE APPLICANT?	WHIC	II HC	NSURANCE IS REQUESTED NOT SOLELY OWNED BY AN	iD					
	VEH # NAME OF OTHER OWNER	VE	# HE	NAME OF OTHER OWNER						
2.	DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	(no €	∍xpla	anation 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 / pickup	 ps)	—							
	VEH # DESCRIPTION COST	VF	£H#	DESCRIPTION	COST					
	\$!		\$					
6.	ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR	₹ OTF	1ER	FILINGS REQUIRED? (If "YES", attach ACORD 194) (no e)	xplanation nee	ded)				
7.	DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?									
l										

* MARITAL STATUS / CIVIL UNION (If applicable)

DATE (MM/DD/YYYY)

AGENCY CUSTOMER ID: AAWRECK! GENERAL INFORMATION (continued) Y/N EXPLAIN ALL "YES" RESPONSES 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? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 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): MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION Describe: DESCRIPTION OF GARAGE / STORAGE LOCATIONS MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL LOSS PAYEE Ford Motor Credit Corporation VEHICLE: 36 37 INSURED EMPLOYEE AS LESSOR LOCATION: PO Box 390910 OWNER 'S LOSS REGISTRANT PAYABLE MN 55439 Minneapolis LIENHOLDER REFERENCE / LOAN #: INTEREST CERTIFICATE NAME AND ADDRESS RANK: EVIDENCE: INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PAYABLE VEHICLE: 36 37 LOSS PAYEE Ford Motor Credit Corporation LOCATION: PO Box 390910 OWNER REGISTRANT LIENHOLDER Minneanolis MN 55439 REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Page 2 of 4

TXTCB

ACORD 127 (2015/12)

AGENCY CUSTOMER ID: AAWRECKI ACORD 129 attached for additional vehicles VEHICLE DESCRIPTION VEH# BODY Other SYM / AGE COMP / YEAR MAKE: Transporter VEHICLE TYPE COLL SPEC MODEL: Plate PP COML V.I.N. STREET (Required In KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW 179500 RI UNDRINS MOTOR RENT REIMB COMP/ OTC USE ADD'L NO-FAULT COMM'L FOR HIRE CHECK COVERAGES LSP DEDUCTIBLES AC\ COMP RETAIL PLEASURE FT FG MED PAY LIAB ST AMT SERVICE UNINS MOTOR SPEC C OF FARM! FTW COLL ÇOL NET VEH DR/CR: DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ VEH# YEAR MAKE: Kenworth VEHICLE TYPE Truck SYM / AGE COMP / COLL 2004 V.I.N.: 1NKDXUEX64J067615 SPEC MODEL: T800 COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS R1307 Hartford Ave Johnston Providence RI 02919 LIC STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS **FARTHEST TERMINAL COST NEW** 179500 RI 50 \$ 45,000 UNDRINS MOTOR TOWING & LABOR ADD'L NO-FAULT COMP RENT USE COMM'L FOR HIRE LSP DEDUCTIBLES SPEC C OF F ERAGES X ACV REIMB COMP PLEASURE RETAIL FΤ FG 1 IAB MED PAY STAMT \$ 1,000 NO-**FARM** SERVICE UNINS SPEC C OF FTW COLL 1,000 COL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: VEH# YEAR MAKE: Ford BODY TYPE: Van VEHICLE TYPE SYM / AGE COMP / OTC SYM COLL SYM 2003 v.i.n.: 1FDWE35L03HA94060 SPEC MODEL: E350 PP COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS Johnston RI 02919 LIC TERR gvw / gcw CLASS SIC FACTOR SEAT CP RADIUS **FARTHEST TERMINAL** COST NEW 005 11,500 01499 179500 RI 50 \$ 14,800 ADD'L NO-RENT REIMB USE COMM'L FOR HIRE CHECK COVERAGES UNDRINS MOTOR LSP DEDUCTIBLES SPEC C OF I F X ACV TOWING & LABOR COMP **PLEASURE** RETAIL FT FG MED PAY LIAB ST AMT UNINS MOTOR SPEC C OF J SERVICE FARM FTW COLL COL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ VEH# YEAR COMP / OTC SYM MAKE: Ford Truck VEHICLE TYPE SYM / AGE COLL 2007 SPEC MODEL: F250 v.i.n.: 1FTSF2157ED08142 PP COML STREET (Required in KY) CITY COUNTY GARAGING STATE ZIP **ADDRESS** R1307 Hartford Ave Johnston Providence RI 02919 TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL** COST NEW STATE 179500 RI 50 \$ 14,200 ADD'L NO-FAULT RENT REIMB X COMP OTC SPEC C OF USE COMM'L FOR HIRE F LSP DEDUCTIBLES /ERAGES COMP PLEASURE RETAIL FT FG LIAB \$ 1,000 MED PAY ST AMT FARM SERVICE SPEC C OF I FTW COLL \$ 1,000 COL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

ACORD 127 (2015/12)

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.

		<u> </u>
(APPLICANT'S SIGNATURE)	DATE / 1023	NATIONAL PRODUCER NUMBER

Page 4 of 4

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COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE (MM/DD/YYYY)

	<i>-</i>	Chin Gramathor Gorieboel	07/0	03/2023
AGENCY		CARRIER		NAIC CODE
USI Insurance Services LLC		Key Risk Insurance Company		10885
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
BAP152087322	09/27/2022	A A Wrecking Co., Inc.		

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16 Ryan C'Sullivan M 01/10/1989 S79279082 MA		CITY, STATI	E AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH			SOCIAL SECURITY NUMBER		DATE HIRE	BRÓADEN NO-FAULT	OTHER CAR	USE VEH#	% USE
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FARM	-		RVICE		K	NO- FAULT	\Diamond	UNINS MOTOR	-	& LABOR SPEC C OF L	FTV	νK	COLL	-		\$	AA	81	AMT	4	,000	COLL
DRIVE TO WORK / S	CHOOL		15 MILE	ES 15	MILES -		EH	MOTOR		CUFL			X				TAL PREI	M- \$		φ.	,	COLL
VEH#	YEAR		e: Fo≀				4	BODY TYPE:	Pick	up					VE	HICLE T			SYM/	AGE	COMP / OTC SYM	COLL
11	2013	MOD	_{EL:} F-1	50 4X2 R	eg Cal	b		V.I.N.:	1FTI	NF1CF5	DKG0380	6		Р	P P	SPEC	X°	OML.				
GARAGIN		EET (Re	quired in	ı KY)			CITY						COUNTY	Y					8	TATE	ZIP	
ADDRESS							John			,									R		02919	
STATE	TEI	₹R	7.05	GVW / GCV	٧	CLAS	SS	470500		FACTO	OR SEAT		RADIUS		FAR	RTHEST .	TERMINA	ıL.			COST NEV	V
RI			7,05 MM'L	FOR	nee C	01489 HECK OVERAGES		179500 ADD'L NO-		UNDRINS		ᆛ	50 LSP	<u> </u>	RENT	nei	DUCTIBL	E0 \/	/	\$ 26,: INZ		ISPEC
<u> </u>	ASURE		TAIL	- PORT	,,v.= C	7		ADD'L NO- FAULT	\triangle	UNDRINS MOTOR TOWING & LABOR	FT		COMP/	1 1	REIMB FG		1 г	/_	ACV		OTC ,000	SPEC C OF L
FARM			RVICE			LIAB NO-		MED PAY UNINS MOTOR	-	& LABOR SPEC C OF L	FTV	, K	COLL			s	AA	ST	AMT	Ψ	,000	2011
DRIVE TO WORK / So	CHOOL		15 MILE	ES 15	MILES +	FAULT NET VI DR/CR	H	MOTOR	-ll	COFL				_ll.			TAL PREI	м. ¢		ψ.		COLL
VEH#	YEAR	MAK	: Do	rsey		- Ligox		BODY TYPE:	Trail	er				l	VE	HICLE T		11. W	SYM /	AGE	COMP/ OTC SYM	COLL SYM
12	2000	MOD	_{EL:} Tri-	Dump				VIINI	1DT	D28C21	YS080794	ļ.		P	P	SPEC	\times	COML				V 1111
GARAGIN	~	EET (Re			716	m	CITY						COUNTY							TATE	ZIP	
ADDRESS	1010	307 Ha	rtford A	*	th		John	<u> </u>		1			Provid	ence					R		02919	
LIC STATE RI	TE	R	85,0	GVW / GCV	,	68489		179500		FACTO	R SEAT	-	RADIUS 50		FAF	RTHEST	TERMINA	L	١.	3.0	COST NEV	ď
USE		GC	MM'L	FOR	IIRE Ç	HECK OVERAGES		ADD'L NO-		UNDRINS MOTOR	TF	-	LSP	1	RENT REIMB	DEI	DUCTIBLE	ES	T 1	, 3,00	COMP/ OTC	SPEC C OF L
	ASURE	_	TAIL		5	LIAB		FAULT MED PAY		MOTOR TOWING & LABOR	FT	7	SPMP/		REIMB FG		AA	_	ACV AMT		OTC ∟_ ,000	C OF L
FARA	и	SE	RVICE	/				UNINS MOTOR		SPEC C OF L	FTV	/ 5	COLL	\vdash		\$, ~~ L	;,	CIALL	Ψ	,000	COLL
DRIVE TO WORK / Se	CHOOL	<	15 MI LE	S 15	MILES +	NO- FAULT + NET VE DR/CR	EH					- 17	N			тот	TAL PREI	VI: \$		<u></u>		
VEH#	YEAR	MAK								k-Tracto					VE	HICLE T	YPE	``	SYM/	AGE	COMP / OTC SYM	COLL SYM
13	2005		_{EL;} CH					V.I.N.:	1M1.	AJ06Y65	N001727		<u>,</u>	PI	Р	SPEC		COML		.		
GARAGINI ADDRESS	9	EET (Red	uired in	(KY)			CITY	aton					COUNTY	'					_	TATE	ZIP	
LIC	TEF)D	1	GVW / GCW	,	CLAS	John	SIC		FACTO	R SEAT	CB	RADIUS	1	GAC	TUEST	TERMINA		R		02919	,
RI	11-1	u.	80.0		,	50499	,	179500		IAGIC	AK OLAI	1	50		rAr	(INESI I	LEVINA	.L	5	68,6	COST NEW 100	4
USE		CC	MM'L	FOR	iiRE C	HECK OVERAGES	.[].	ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP		RENT	DEC	DUCTIBLE	ES X	ACV		OMP/ OTC	SPEC C OF L
PLEA	SURE	. RE	TAIL		Ž	LIAB	\sim	MED PAY		TOWING & LABOR	FT	\rightarrow	SPMP/	·	REIMB FG		AA [ST	AMT		000	_10 OF L
FARM		X SE	RVICE			NO- FAULT	X	UNINS MOTOR		SPEC C OF L	FTV	<i>i</i> 5	COLT			\$	J C			ş 1,	.000	COLL
DRIVE TO WORK / St	CHOOL		15 MILE		MILES 4	+ NET VE DR/CR	EH									тот	AL PRE	VI: \$				
VEH#	YEAR		: For					BODY TYPE:							VE	HICLE T	YPE		SYM /	AGE	COMP / OTC SYM	COLL SYM
14	2014		_{L:} E-3					V.I.N.:	יטוד	WE3FL3	EDB0979	0	l	PI	P	SPEC	X	OML				
GARAGING ADDRESS	-	EET (Red	luired in	i KY)			CITY	eton					COUNTY	′						TATE	ZIP	
LIC STATE	TEF	2R	Τ	GVW / GCW	1	CLAS	John	SION		FACTO	R SEAT	СР	RADIUS	1	EAR	THEST	ERMINA	t	R		02919	
RI	•	.,	12,5		•	01489		179500		IACIO	J.A.		50		FAIN	(Incor	CRIVINA	L		36,9		,
USE	I	cc	MM'L	FOR H	IIRE S	HECK OVERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	F	٦٢,	LSP	<u> </u>	RENT REIMB	DEC	OUCTIBLE	ES 😾	ACV		COMP/	SPEC C OF L
—	SURE		TAIL		Z	LIAB		MED PAY	\vdash	TOWING & LABOR	FT	\mid	SOMPI		REIMB FG		Δ Α [<u> </u>	J ACV AMT	\$ 1,	отс ∟ 000	_UC OF L
FARM	i	X SE	RVICE			NO- FAULT	X	UNINS MOTOR		SPEC C OF L	FTW		COLL			\$	ı ^ L	~'		\$ 1,		COLL
DRIVE TO WORK / SO	CHOOL	<	15 MILE	8 15	MILES +	MET UE	H										AL PRE	и: \$				

	ORI	5 ®			V	/FHI	CLI	F SC	CHEC) F				DATE	(MM/DD/\	(YYY)
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	urance \$	service	S LLC			1:.			ey Risk In:		Jompany				1088	b
POLICY N	юмыек 2087322						FECTIVE	١.	AMED INSUR A Wreckir		_					
	•		FION				09/27/2	022 ^	A WIECKII	ig Co., in	U.	····				
VEH#	LE DES	MAKE				BODY TYPE:	Traile	r	-		1/5	EHICLE TYPE	ev	M/AGE	COMP / OTC SYM	COLL
15	1998		: Donoon			TYPE: V.I.N.:	4700		M048370		PP	SPEC COML	31	MI / AGE	OTC SYM	SYM
GARAGIN	OTOF		ulred in KY)		CITY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COUNT		Of LO CONIL		STATE	ZIP	
ADDRESS	10		•		Johr	nston				ļ				RI	02919)
LIC STATE	TERI	₹	GVW / GCW	CLA	\SS	sic	3	FACTOR	SEAT CP	RADIUS	FAF	RTHEST TERMINAL			COST NEV	N
RI			85,800	68489		179500	o			50				\$ 13 ,	000	
USE		co	MM'L FOR HIRE	CHECK	s	ADD'L NO FAULT	N	INDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	$X \square$	cv X	COMP/ OTC	SPEC C OF
PLE/	ASURE _	RE	TAIL	LIAB		MED PAY	8	OWING LABOR	FT	X SPMF		AA	ST AM	T \$ 1	,000	
FAR	I .	SEI	RVICE	NO- FAULT		UNINS MOTOR		SPEC C OF L	FTW	COLL		\$		\$ 1	,000	COL
DRIVE TO WORK / S			15 MILES 15 MIL	ES + NET V	/EH R:							TOTAL PREM: \$				
VEH#	YEAR		Freightliner			BODY TYPE:			0505000		─	HICLE TYPE	SY	M / AGE	COMP / OTC SYM	COLL SYM
16	2012		L: Truck		T	V.J.N.:	WDY	-E/UC50	C5650307		PP	SPEC COML				<u> </u>
GARAGIN ADDRESS	9		uired in KY) tford Ave		CITY	nston				Provid				STATE RI	ZIP 02919	
LIC STATE	TERI		GVW / GCW	CLA		SIC	.	FACTOR	SEAT CP	RADIUS		RTHEST TERMINAL			COST NEV	
RI	i Lini	`	GW/GCW	- CLP	100	179500		PACION	SEAT OF	KADIOS	FAR	CIMES! [ERWINAL		\$	COST NEV	n v
USE		co	MM'L FOR HIRE	CHECK		ADD'L NO-		INDRINS MOTOR	F I	LSP	RENT REIMB	DEDUCTIBLES			COMP/ OTC	SPEC C OF
PLEA	ASURE	RE	TAIL	LIAB	$^{\circ}$	FAULT MED PAY	T	OWING	FT F	X SPMF	FG REIMB	AA T	^ ST AM	-	,000 L	C OF
FAR	м	SEF	RVICE	NO- FAULT		UNINS MOTOR	- s	LABOR SPEC OF L	FTW	COLL		(s)	OTTON	. *	,000	COL
DRIVE TO WORK / S	CHOOL		15 MILES 15 MIL		/EH R:	WOLOH		, ,	112	<u> </u>	- L - L 	TOTAL PREM: \$				
VEH#	YEAR		: Magnum			BODY TYPE:	Traile	r			VE	HICLE TYPE	SY	M/AGE	COMP / OTC SYM	COLL
17	2017	MODE	:L: Water Trailer			V.I.N.:	5AJW	S1422EE	3408081		PP	SPEC COML				
GARAGIN	· ·	ET (Req	uired in KY)		CITY					COUNT	Υ		ı	STATE	ZIP	
ADDRE\$\$			T		<u> </u>											
LIC STATE	TERI	₹	GVW/GCW	CLA	SS	179500	J	FACTOR	SEAT CP	RADIUS	FAR	RTHEST TERMINAL			COST NEV	N
RI		ZI 601	7,000	CHECK		ADD'L NO- FAULT	1	INDRINS MOTOR	F	LSP	RENT	DEDUCTIBLES		\$ 6,0	COMP/	SPEC
\vdash	ASURE /		TAIL TOK TIKE		s		M	MOTOR OWING LABOR	' _{FT}	COMP	RENT REIMB FG			^{GV}	отс	SPEC C OF
FARM	-		RVICE	LIAB NO-	.	MED PAY UNINS MOTOR	&	LABOR L SPEC OF L	FTW	COLL	H'	\$ AA [];	ST AM	T \$		COL
DRIVE TO WORK / S	CHOOL		15 MILES 15 MILI	FAULT ES + NET \ DR/C	/EH	MOTOR		OFL				TOTAL PREM: \$		Ф		GOL
VEH#	YEAR	MAKE	: Home Made	T Dido	· · · · · · · · · · · · · · · · · · ·	BODY TYPE:	Trailer	r			VE	HICLE TYPE	SY	M / AGE	COMP / OTC SYM	COLL
18	1996	MODE	L: Utility Trailer			V.I.N.:	N/A				PP	SPEC COML	-		01001111	
GARAGIN	٠,	ET (Req	uired in KY)		CITY					COUNT	Y			\$TATE	ZIP	
ADDRESS	3										· ,					
LIC STATE	TER	ł	GVW / GCW	CLA	SS	SIC	- 1	FACTOR	SEAT CP	RADIUS	FAR	RTHEST TERMINAL			COST NEV	N
RI			1,500	CHECK		179500		INIDDING T		50	RENT	1		\$	COMPI	lence
USE		-	MM'L FOR HIRE	COVERAGE	s	ADD'L NO- FAULT	~ ×	INDRINS IOTOR OWING	F	LSP COMP	REIMB	DEDUCTIBLES	A	1 4	OTC	SPEC C OF
FARM	ASURE	RET	RVICE	LIAB NO-	\Diamond	MED PAY		LABOR L	— FT FTW €	COLL	FG FG		ST AM	. Ψ	,000 ,000	
DRIVE TO WORK / S		——	15 MILES 15 MILI	FAULT NET	/EH	MOTOR	i č	PEC OF L		COLL		\$		\$ 1	,000	COL
WORK / S	CHOOL YEAR		: Peterbilt	DR/CI	R:	BODY TYPE:	Truck-	-Tractor			VF	TOTAL PREM: \$	SY	M/AGE	COMP / OTC SYM	COLL SYM
20	2004		. 379					DB0X84N	M825276		PP P	SPEC COML	"		OTC SYM	SYM
GARAGIN ADDRESS	9	<u> </u>	uired in KY)		CITY	nston				COUNT	Y			STATE	zip 02919	<u> </u>
LIC STATE	TERF	2	GVW / GCW	CLA		SIC	;	FACTOR	SEAT CP	RADIUS	FAR	RTHEST TERMINAL			COST NEV	
RI		•	80,000	40489		179500			02717 01	50		THE OTHER MANAGEMENTS		\$ 38,		•
USE		cor	VM'L FOR HIRE	CHECK COVERAGE	s	ADD'L NO- FAULT		INDRINS IOTOR	F	LSP	RENT REIMS	DEDUCTIBLES	X A		COMP/	SPEC C OF
	ASURE		rail	LIAB		MED PAY	T	OWING LABOR	FT	COMP	FG REIMB		ST AM	ZV	отс ∟ ,000	C OF
FARM	v	SEF	RVICE	NO- FAULT	\Diamond	UNINS MOTOR	Š	PEC OF L	FTW	COLL		S	~ > 7.34A)		,000	COL
DRIVE TO WORK / S	CHOOL	< 1	15 MILES 15 MILE	ES + NET V	/EH R:							TOTAL PREM: \$				
	DRIVE TO WORK / SCHOOL < 15 MILES + DRICE; TOTAL PREM: \$															

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AGENCY											CARRI									NAIC (
USI Insu		ervices	LLC								<u> </u>		urance C	ompan	у					1088	5
POLICY NU								EPI	FECTIV		IAMEDI										
BAP1520	J87322							0	9/27	/2022 F	\ A Wr	eckin	g Co., Inc). -							
VEHICL								BODY										,		*****	- AAI (-
VEH#	YEAR		Mack					BODY TYPE:		k-Tractor				 1	_	HICLE TYPI	E	SYM	/ AGE	COMP / OTC SYM	COLL SYM
21	2000	MODEL	. CH613					V.I.N.:	1M1	AA18Y4Y	W121	043		PP	·	SPEC	COML	<u> </u>			
GARAGING ADDRESS	STRE	ET (Requi	ired in KY)				city Johr	nston					COUNTY	Y					STATE RI	ZIP 02919	
LIC STATE	TERF	1	GVV	W / GCW		CLAS	s	SIC		FACTOR	R SE	AT CP	RADIUS		FAR	RTHEST TER	MINAL.			COST NEV	٧
RI			80,000			499		179500					50						\$ 20,		
USE		СОМ	M'L	FOR HIRE	COVER	AGES		ADD'L NO- FAULT	\times	UNDRINS MOTOR	F	Ĺ	LSP	RI	ENT EIMB	DEDUC	TIBLES	∠ AC'	^{v}X	COMP/ OTC	SPEC C OF L
PLEAS	SURE	RETA	AIL		\sum LI		\times	MED PAY		TOWING & LABOR	F	т 🕽	SPMP/	F(G	A	as	т амт	\$ 1	,000	
FARM		SER	/ICE			<u>TJUZ</u>	X	UNINS MOTOR	<u> </u>	SPEC C OF L	F	TW \	COLL			\$			\$ 1	,000	COLL
DRIVE TO WORK / SC	HOOL	< 18	MILES	15 MILE	s+ N	NET VE DR/CR:	H									TOTAL	PREM: \$				
VEH#	YEAR	MAKE:	Landoll					BODY TYPE:	Trail	ler					٧E	HICLE TYPE	3	SYM	/ AGE	COMP / OTC SYM	COLL SYM
22	2012	MODEL	. 855C -	Trailer				V.I.N.:	1LH	855WJ5C	1 C 193	61		PP		SPEC	COMI.				
GARAGING ADDRESS	STRE	T (Requi	red In KY)				CITY						COUNT	r	•			5	STATE	ZIP	
LIC STATE	TERF	T	GVV	V / GCW		CLAS	S	SIC		FACTOR	SE	AT CP	RADIUS	1	FAR	RTHEST TER	MINAL			COST NEV	
RI	, 1210	`	٠,,			OLA-O	•	179500		1 40101	` "	11 01	TO-LDIGO		IAN	(IIILOI ILI	MININAL.	i		COST NEV	v
USE		СОМ	NAN .	FOR HIRE	CHECK			ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP	R	ENT	DEDUC	TIBLES		\$ 	COMP/	SPEC
PLEAS	eupr:	- 1		FORTINE			$\overline{}$			MOTOR TOWING	H ,	_	COMP		ENT EIMB	 	<u>, </u>	AC		OTC _	SPEC C OF L
		RETA		İ	LI/NO		\Diamond	MED PAY UNINS		& LABOR		K	∑ отс	F	J	A	A LS	TAMT	<u> </u>	,000	
FARM DRIVE TO		SER\	 		F#	\ULT		MOTOR	نــــــــــــــــــــــــــــــــــــــ	SPEC C OF L		TW	COLL			\$			\$,000	COLL
DRIVE TO WORK / SC			MILES	15 MILE	S+ C	NET VE DR/CR:		BODY	D. 1								PREM: \$			COMP	0011
VEH#	YEAR	MAKE:	Ford					TYPE:	Pick						VE	HICLE TYPE		SYM	/ AGE	COMP / OTC SYM	COLL SYM
23	2001	MODEL	, F450 R	legular Ca	b			V.I.N.:	1FD.	XF46F01E	:B784	09		PP		SPEC	COML	<u> </u>			
GARAGING	STRE	T (Regui	red in KY)				CITY						COUNTY	1				8	TATE	ZIP	
ADDRESS							John	ston		,								ł	₹	02919	
STATE	TERR	1	GVV	V / GCW		CLAS	S	SIC		FACTOR	SE/	AT CP	RADIUS		FAR	THEST TER	MINAL		+	COST NEV	v
RI			15,000	,		489		179500					50						\$ 8,3		
USE		СОМ	M'L	FOR HIRE	CHECK	AGES		ADD'L NO- FAULT	X	UNDRINS MOTOR	F		LSP	l Ri	ENT EIMB	DEDUC	TIBLES	S AC	v'	OTC	SPEC C OF L
PLEAS	SURE	RETA	AIL		X L		X	MED PAY		TOWING & LABOR	F	т L	COMP/	FC	3	A	A s	ТАМТ	\$		
FARM	>	SER\	/ICE		NO FA)- NULT	\times	UNINS MOTOR		SPEC C OF L	F	TW	COLL			\$			\$		COLL
DRIVE TO WORK / SC	HOOL	< 15	MILES	15 MILE	S+ E	ET VE	Н									TOTAL	PREM: \$				
VEH#	YEAR	MAKE:	Freight					BODY TYPE:							VE	HICLE TYPE	=	SYM	/ AGE	COMP/ OTC SYM	COLL SYM
24	2011	MODEL	: Sprinte	r				V.I.N.:	WDY	YPE8CC0	B5545	940		PP		SPEC	COML			,	
GARAGING	STREE	T (Requi	red (n KY)				CITY	····					COUNTY	1				8	TATE	ZIP	
ADDRESS		7 Hartf	ord Ave				John	ston					Provid	ence				F	RI	02919	
LIC STATE	TERF		GVV	V / GCW		CLAS	s	SIC		FACTOR	t SE/	AT CP	RADIUS		FAR	THEST TER	MINAL			COST NEV	v
RI								179500											\$ 7,10	00	
USE		СОМ	M'L	FOR HIRE	CHECK	AGES		ADD'L NO- FAULT	X	UNDRINS MOTOR	F		LSP	R	ENT EIMB	DEDUC	TIBLES	AC\		COMP/ OTC	SPEC C OF L
PLEAS	SURE	RETA			X LI		∇	MED PAY		TOWING & LABOR	 F	, b	SOMP/	FO			, –	AMT	s 1	.000	COF1
FARM		SER		l .	N	o- i	\Diamond	UNINS MOTOR	\vdash	& LABOR SPEC C OF L	-	Tw K	COLL				, L	I AWII		,000	0011
DRIVE TO WORK / SC			MILES	15 MILE	a. N	ULT ET VE	н	MUTOR		COFL	<u> </u>	/	7222			\$			ъ 1	,	COLL
WORK / SC	HOOL YEAR	MAKE:		10 WILL		R/CR:		BODY TYPE:	Pick	un					VE	TOTAL	PREM: \$	OVM	/ AGE	COMP / OTC SYM	COLL
25	2011			Reg Cab X	L 4X2			V.I.N.:		BF2A60BE	EB119	66		PP	\ \(\text{\$\cdot \cdot	SPEC	COML	STW	AGE	OTC SYM	SYM
GARAGING ADDRESS	STREE	T (Requi	red In KY)			- 1	CITY John	eton					COUNTY	•					TATE RI	ZIP 02919	
l .	TEDE		Olu	V / GCW	$\overline{}$			T		FACTOR) e=	AT CP	PADILIE		EAR	TUPET TEN	MINAL				
LIC TERR GVW/GCW CLASS SIC RI 9,900 179500											36/		RADIUS		FAR	THEST TER	WIINAL			COST NEV	ν
													50	l pr	=MT			\perp	\$ 20,4		ence
USE		ADD'L NO- FAULT	X	UNDRINS MOTOR TOWING & LABOR	F	_	LSP	E RE	ENT EIMB	DEDUC	TIBLES	AC)	/X	OMP/ OTC	SPEC C OF L						
PLEAS	_	RETA	MED PAY		& LABOR	F	- K	SOMP/	FG	3	A	ss	T AMT	\$ 1							
FARM		SER			NO FA	ULT	X	UNINS MOTOR		SPEC C OF L	F	rw >	COLL			\$			\$ 1	,000	COLL
DRIVE TO WORK / SC	HOOL	< 15	MILES	15 MILE	s + h	ET VE	н									TOTAL	PREM: \$,		

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AGENCY													RRIER										NAIC	
USI Inst	ırance	e Se	ervice	s LLC								Key	Risk Ins	sura	ance Co	ompan	У						1088	5
POLICY N									EF	FECTI			ED INSURE		•									
BAP152	0873	22							(09/27	/2022	AΑ	Wreckin	ıg (Co., Inc.	•				• • • • • • • • • • • • • • • • • • • •				
VEHICL									Lassy												.,			
VEH#	YEA			Kruz					BODY TYPE:		p Truck						VE	HICLE .	TYPE		SY	M / AGE	COMP / OTC SYM	COLL SYM
26	200	9	MODE	_{L:} Semi-	Trl				V.I.N.:	1K9	SD34269	K22	26787			PP		SPEC	X	COML	L,			<u></u>
GARAGIN	ا ج	REET	Γ (Requ	ilred in KY	7			CITY							COUNTY							STATE	ZIP	
ADDRESS								Johi	nston		,		,									RI	02919)
STATE	TE	RR			W / GCW		CLAS	ss	SIC		FACTO	R	SEAT CP		ADIUS		FAR	THEST	TERMI	NAL			COST NEV	N
RI			1	80,000	ļ		4 4 4 4 4 4	,	179500				<u> </u>	50)						- 21-	\$ 44,		
USE			COV	/M'L	FOR HIRE	CO	CK /ERAGES	3	ADD'L NO- FAULT	Ш	UNDRINS MOTOR TOWING	_	JF ↓		LSP	R	ENT EIMB	DE	DUCTE	LES	(A	ゾー	COMP/ OTC	SPEC C OF L
PLEA	SURE	L	RET	AIL		X	LIAB		MED PAY		& LABOR	L	FT 2	X	COMP/ OTC	F	G		AA	s	T AM		,000	••••
FARN		X	SER	VICE			NO- FAULT	<u></u>	UNINS MOTOR		SPEC C OF L	<u> </u>	FTW	X	COLL			\$				_{\$} 1	,000	COLL
DRIVE TO WORK / Sc		Щ.		5 MILES	15 MILE	ES +	NET V DR/CR	EH .	1									то	TAL PR	EM: \$				
VEH#	YEA			Talbei					BODY TYPE:	Trail							VE	HICLE .	TYPE		SY	/ / AGE	COMP/ OTC SYM	COLL SYM
27	198	7	MODEL	_: 60 To	n Lowbed				V.I.N.:	40F\	N04734F	1100	07103			PP		SPEC	X	COML	<u>l</u> ,			
GARAGING	3 STI	REET	r (Requ	ilred in KY	"			CITY						1	COUNTY						ļ	STATE	ZIP	
ADDRESS	_Ĺ_							John	nston													RI	02919	
LIC STATE	TE	RR			W / GCW		CLAS	SS	SIC		FACTO	R	SEAT CP		ADIUS		FAR	THEST	TERMIN	IAL			COST NEV	٧
RI		,		80,000		Laur			179500		I talm mass m		<u> </u>	50								\$ 25,		
USE			COM	IM'L	FOR HIRE	CO	CK /ERAGES	i]	ADD'L NO- FAULT	·	UNDRINS MOTOR		JF L		LSP	R	ENT EIMB	DE	DUCTIE	LES	() A(ÇV	COMP/ OTC	SPEC C OF L
_	SURE	_	RET	L.		X	LIAB		MED PAY		TOWING & LABOR		FT _	_	COMP/ OTC	F	3		AA	s	T AM	г \$		
FARM		ļΧ	SER	VICE			NO- FAULT NET VI DR/CR	<u> </u>	UNINS MOTOR		SPEC C OF L		FTW		COLL			\$				\$		COLL
DRIVE TO WORK / SO		1	< 1	5 MILES	15 MILE	S +	DR/CR	: :	(BODY									то	TAL PR	EM: \$, —			
VEH#	YEA	l_	MAKE:						BODY TYPE:	Trail							VEI	HICLE 1	TYPE		SYN	A / AGE	COMP / OTC SYM	COLL SYM
28	201			Tag-A					V.I.N.:	1A9I	31EF21E	C90	04039			PP		SPEC	;	COML	<u>L</u>			
GARAGING	- I	REET	ſ (Requ	lred in KY)			CITY						'	COUNTY							STATE	ZIP	
ADDRESS								Johr	nston		· · · · · · · · · · · · · · · · · · ·			Д.								RI	02919	
LIC STATE	TE	RR			W / GCW		CLAS	SS	SIC		FACTO	R	SEAT CP		ADIUS		FAR	THEST	TERMIN	IAL	ļ		COST NEW	V
RI		1		15,000		LOUE	·01/		179500		LINERING		l.,	50								\$ 4,8		
USE			COM	_	FOR HIRE	ÇÖ,	CK /ERAGES	·	ADD'L NO- FAULT		UNDRINS MOTOR	_	JF		LSP	RI	ENT EIMB	DE	DUCTIE	LES	∑ A¢	CV	COMP/ OTC	SPEC C OF L
<u> </u>	SURE	L.	RET	L		X	LIAB		MED PAY		TOWING & LABOR		FT		COMP/ OTC	FC	3		AA	S	ГАМТ	\$		
FARM		X	ــــــلا	VICE			NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL			. \$				\$		COLL
DRIVE TO WORK / SO				5 MILES	15 MILE	S+	NET VI DR/CR	 :	PODY										TAL PR	EM: \$			COMP	3377
VEH#	YEA	` ⊦	MAKE:	LEXU	\$				TYPE:	Priva	te Passe	enge	er			_	VEI	HICLE 1			SYN	1/AGE	COMP / OTC SYM	COLL SYM
29	2014			. RX350			· 1		V.I.N.:	212	3K1BA9E	UZ2	42874			PP		SPEC	;	COML	<u>. </u>			
GARAGING ADDRESS	STI	REET	(Requ	ired in KY)			CITY						'	COUNTY							STATE	ZIP	
									nston					Ţ								RI	02919	
STATE	16	RR		GV	W / GCW		CLAS	55	179500		FACTO	ĸ	SEAT CP		ADIUS		FAR	THEST	TERMIN	IAL			COST NEW	V
RI		т	Look	66 (II)	Leon Wee	CHE	CK	77			UNDRINS		 	50		l RI	-NT	DE	DUCTIE	LEO X	\dashv	\$ 49,		SDEC
USE	or me		COM	-	FOR HIRE	ČÖV	CK ERAGES		ADD'L NO- FAULT		UNDRINS MOTOR TOWING		F		LSP COMP/		ENT EIMB	DE	٦		\ A	×X	OTC	SPEC C OF L
—	SURE	~	RETA		_	X	LIAB NO-	\Diamond	MED PAY		TOWING & LABOR SPEC		FT	$\stackrel{X}{\leftarrow}$	COMP/ OTC	F0	j		AA	S1	Γ AM7	4	,000	
DRIVE TO		Ķ	—	VICE	75.111.5		FAULT NET VI		UNINS MOTOR		SPEC C OF L	<u> </u>	FTW	X	COLL			\$				\$ 1	,000	COLL
DRIVE TO WORK / SO VEH #	HOOL YEAI			5 MILES	15 MILE	5 f	DR/CR		BODY	Тина	le Translav								TAL PR	EM: \$	F	1	COMP /	COLL
]				Mack	VNIGOO				I TPS:		k-Tractor	_	20120				VE	HICLE 1			SYN	// AGE	COMP / OTC SYM	COLL SYM
30	2006			600 C				()	V.I.N.:	TIVITA	AK07X86	JINUL	J8128	Τ.		PP		SPEC		COML	<u> </u>			
GARAGING ADDRESS	STE	REET	(Requ	ired in KY)	\bigcirc	Om	1 _{GHM}						1	COUNTY							STATE	ZIP	
			 _T		(A.	1/10				T													
STATE	TE	RR			W / GCW	3	CLAS	55	SIC		FACTO	R	SEAT CP		ADIUS		FAR	THEST	TERMIN	IAL			COST NEW	V
RI			100	80,000	T-05:::==	CHE	CK		179500 ADD! NO.		HNDRING	T I	1- 1	50		1 25	=NT		DUO	LEG X		\$ 42,		Tenro
USE	oue-		COM		FOR HIRE	K S	ERAGES		ADD'L NO- FAULT	X	UNDRINS MOTOR TOWING	\vdash	<u> </u>		LSP COMP/		ENT EIMB	DE	DUCTIB T	\vdash	AC	1 4	OTC	SPEC C OF L
$\vdash\vdash$	PLEASURE RETAIL LIA								MED PAY	\vdash	TOWING & LABOR SPEC		FT	Š	COMP/	— F0	j	<u> </u>	AA	s	ГАМТ	<u> </u>	,000	
DRIVE TO		X	SER		45	المرا	FAULT		UNINS MOTOR		SPEC C OF L	<u></u>	FTW	X	COLL			\$				\$ 1	,000	COLL
DRIVE TO WORK / SC	HOOL		< 1	5 MILES	15 MILE	374	DR/CR	:"										то	TAL PR	EM: \$				
İ																								

ĄĆ	ORI	5 ®					V	EHI	CL	ES	C	HEC		ULE	- -							(MM/DD/\	
AGENCY					-						CA	RRIER								L	U	7/03/202 NAIC (
USI Insu	rance S	Service	sIIC									/ Risk In	SH	rance C	ompa	nv						1088	
POLICY N			<u> </u>					FF	FECTI	VE DATE		ED INSUR			ompu	· · · y						1 1000	
BAP152		!								/2022		Wrecki			۵.								
VEHICL			ION							72022	-		Ŭ										
VEH#	YEAR		Ford					BODY TYPE:	Pick	up						V	EHICLE 1	TYPE		SY	M/AGE	COMP / OTC SYM	COLL
31	2007		L: F150					V.I.N,:		RF14V1	7NA	60819			Р	P	SPEC	;	COML			OTC 31M	31111
GARAGING	STRE		ılred in K		,		CITY							COUNT	Y						STATE	ZIP	
ADDRESS							Johr	nston													RI		
LIC STATE	TER	R	G	VW / GCW		CLAS	88	sic		FACTO	OR	SEAT CP	•	RADIUS		FAI	RTHEST	TERMI	NAL			COST NEV	W
RI					OUE	.01/		179500		LUNDONIO			\perp	_	ļ	DENT					\$ 23,		
USE	-	_	им'L	FOR HIRE	CO	CK /ERAGES		ADD'L NO- FAULT	X	UNDRINS MOTOR TOWING	·	<u>-</u> - -		LSP	,	RENT REIMB	DE	DUCTII	BLES	<u> </u>	cv	COMP/ OTC	SPEC C OF
	SURE	RE	<u> </u>		X	LIAB NO-	$\langle \rangle$	MED PAY		& LABOR		_ FT _		COMP/ OTC		FG		AA	s	T AM	т \$		
DRIVE TO WORK / SO			VICE 5 MILES	15 MILE		FAULT NET VE DR/CR		UNINS MOTOR	.ii	SPEC C OF L		FTW		COLL			\$				\$		COL
WORK / SO	YEAR		Ande			DR/CR		BODY TYPE:	Trail	ler						VE	TO EHICLE 1	TAL PE	REM: \$	ev	M / AGE	COMP / OTC SYM	COLL
32	2009			truction				V.J.N.:		BN2022	9C0	56730			□ p		SPEC	N 2	COML.	"	MI AGE	OTC SYM	SYM
GARAGING	OTEN		dred in K				CITY	v.d.iv						COUNT	ــــــــــــــــــــــــــــــــــــــ	I	1-:			1	STATE	ZIP	l
ADDRESS		07 Har	ford A	/e			Johr	nston						Provid	ence						RI	02919)
LIC STATE	TER	₹	G	VW / GCW	Т	CLAS	S	sic	:	FACTO)R	SEAT CP	1	RADIUS		FAI	RTHEST	TERMI	NAL			COST NEV	N
RI								179500					5	50							\$ 3,7	00	
USE		CO	MM'L	FOR HIRE	COV	CK ERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB	DE	DUCTI	3LE\$	Α	cv	COMP/ OTC	SPEC C OF I
PLEA	SURE	RE	AIL.		X	LIAB		MED PAY		TOWING & LABOR		_ FT		COMP/		FG		AA	s	T AM	T \$		
FARM DRIVE TO	<u>'</u>		VICE			NO- FAULT NET VE		UNINS MOTOR		SPEC C OF L	1,	FTW		COLL			\$				\$		COL
WORK / SC		< -	5 MILES	15 MILE	S +	DR/CR		LBODY	4									TAL PE	REM: \$			COUR (COLL
VEH#	YEAR	MAKE						BODY TYPE:	Truc	K CX4EX3	15.4	07204					HICLE T		1	SY	M/AGE	COMP / OTC SYM	SYM
34	2018		L: Rollo ilred in K			-	CITY	V.I.N.:	IINF	CA4EA3	JD4	101204		COUNTY	P	Ρ	SPEC		COML		STATE	ZIP	L
GARAGING ADDRESS	3 3145	ET (Ned)	ineu m K	.1)		-	CIT							COUNT	•						SIAIE	ZIP	
LIC STATE	TERI	₹	G	VW / GCW		CLAS	s	SIC		FACTO	DR.	SEAT CP	,	RADIUS	T	FAF	RTHEST	TERMI	NAL			COST NEV	N
RI								179500													\$ 10€	3,700	
USE	Ţ	COI	/M'L	FOR HIRE	COV	CK ERAGES	X	ADD'L NO- FAULT	X	UNDRINS MOTOR		F		LSP	1 1	RENT REIMB	DE	DUCTI	BLES	A	cv X	COMP/ OTC	SPEC C OF I
PLEA	SURE	RET	AIL.		X	LIAB	X	MED PAY		TOWING & LABOR		FT	\geq	COMP/ OTC		FG		AA	s	T AM	т 💲 1	,000	
FARM		SEF	VICE		X	NO- FAULT	X	UNINS MOTOR	<u> </u>	SPEC C OF L		FTW	×	COLL			\$				_{\$} 1	,000	COL
DRIVE TO WORK / SC		< <i>'</i>	5 MILES	15 MILE	S+	DR/CR	#H	T BODY										TAL PR	REM; \$,		COMP	601
VEH#	YEAR	MAKE		P I .				I I T P C:	Truc		1107	770.4			<u> </u>	-	EHICLE T		1	SY	M / AGE	COMP / OTC SYM	SYM
35	1999	1	Box T				AITV	V.I.N.;	11-1	W37L8X	HAZ	734		COLINIT	P	P	SPEC		COML	1_			
GARAGING ADDRESS	i aire	Ei (Kedi	iired in K	.1)			CITY							COUNTY	r						STATE	ZIP	
LIC	TERI	₹		VW / GCW		CLAS	s	SIC		FACTO)R	SEAT CP	1	 Radius	Τ	FΔF	RTHEST	TERMI	NA1			COST NEV	N
RI		-	_				-	179500								.,		- E. (11)			s 5.0		.•
USE		cor	/M/L	FOR HIRE	CHE	CK ERAGES		ADD'L NO- FAULT	X	UNDRINS MOTOR	T	F		LSP		RENT REIMB	DE	DUCTIE	BLES		cv	COMP/ OTC	SPEC C OF I
PLEAS	SURE	RET	AlL		Χ̈́	LIAB	X	MED PAY		TOWING & LABOR		FT	X	COMP/	· -	FG		AA	s	·` T AM		010 [
FARM		SEF	VICE			NO- FAULT	X	UNINS MOTOR		SPEC C OF L		FTW	$\overline{\times}$	COLL			\$	_			\$		COLI
DRIVE TO WORK / SO	HOOL	< -	5 MILES	15 MILE	S +	NET VE DR/CR	H					<u>'</u>		***************************************			то	TAL PE	REM: \$				
VEH#	YEAR		Ford					BODY TYPE:	Pick	ир						VE	HICLE T	YPE		SY	VI / AGE	COMP / OTC SYM	COLL SYM
36	2022	MODE	_{L:} F150					V.I.N.;	1FT	FW1E84	NFC	23661		<u>i</u>	P	P	SPEC		COML	Ш,			
GARAGING	" [ired in K	•			CITY							COUNTY							STATE	ZIP	
ADDRESS			ford Av				Johr	1		1		T	_	Provid	ence						RI	02919	
STATE	TER	₹	G	VW / GCW		CL.AS	8	SIC		FACTO	R	SEAT CP		RADIUS		FAF	RTHEST	TERMI	VAL			COST NEV	N
RI	- 1	100	46.49	EOD LUDE	CHE	СК		179500 ADD'L NO-		UNDRIÑS	_	 	_	100	11	RENT	ne.	DUCTIE	I Ee	-	\$ 72,	950 COMP/(SPEC
USE PLEA	SUBE -	- RET	MM'L	FOR HIRE	S	ERAGES		FAULT		UNDRINS MOTOR TOWING	-	F _T	∇	LSP COMP/		REIMB FG	DE	1			JV	οτα΄ <u>.</u> ,000	SPEC C OF I
FARM	_		AIL L		\triangle	Liab No-	\Diamond	MED PAY	-	TOWING & LABOR SPEC C OF L	-	FTW	\Diamond	COLL	H'	5	-	AA	s	T AM		,000,	
DRIVE TO			5 MILES	15 MILE	S+	PAULT NET VE DR/CR:	H	MOTOR	L 1	COFL		1	\triangle	J 3322			\$	TAL DO	CW. *		\$ 1	,500	COLI
WORK / SO	nuuL					i_UK/CR											10	TAL PR	<u>(⊂101;</u> ≱				
		.,																					

ACC	OR.	D [®]	9					V	EHI!	CL	ES	C	HED	U	LE								TE (MM/DD/	,
AGENCY													ARRIER					•				<u></u>	07/03/20:	
USI Insu	ırance	Ser	vices I I	С									y Risk Ins	surar	nce Co	omna	nv						1088	
POLICY N									EF	FECTI	VE DATE		MED INSURE			311 (P.E.	,				-		11000	
BAP152		2							1		/2022		A Wreckin											
VEHICL	E DE	SCF	RIPTION	1				•••••																
VEH#	YEAR	М	AKE: FO	ord					BODY TYPE:	Pick	up						VE	HICLE	TYPE		8	YM / AG	COMP / OTC SYM	COLL
37	2022	М	ODEL: F1	150					V.I.N.:	1FT	FW1E80	NF	C23687			þ	ip 🗌	SPE		col	ML .			
GARAGIN	9		Required					CITY							OUNTY							STAT		
ADDRESS	17.17		Hartford						ston					,	Provide	ence						RI	02919	
LIC STATE RI	TEF	₹R		GVV	V / GCW		CLAS	8	179500		FACT	OR	SEAT CP	KA	DIUS		FAR	THEST	TERM	IINAL		. 7	COST NE 2,950	W
USE			COMM'L	Ι	FOR HIRE	CHE	ECK VERAGES	Т	ADD'L NO- FAULT		UNDRINS MOTOR	3	F	Ц.	LSP	X	RENT REIMB	DI	EDUCT	IBLES		ACV	COMP/ OTC	SPEC C OF
Ь—	SURE		RETAIL			X	LIAB	X	MED PAY		TOWING & LABOR		FT		COMP/		REIMB FG		T AA		STA	_	1,000 ∟	C OF
FARN	и	\neg	SERVICE	 :	ı	\sim	NO- FAULT	\Diamond	UNINS MOTOR		SPEC C OF L	` -	FTW		COLL			\$		<u> </u>	_ ~,,		1,000	COLI
DRIVE TO WORK / Se	CHOOL	<u> </u>	< 15 M/L	.ES	15 MILE	S+	NET VE DR/CR	H Y										To	TAL F	REM:	\$			
VEH#	YEAR		AKE: FO						BODY TYPE:	Pick							VE	HICLE	TYPE	_	8	YM / AG	COMP / OTC SYM	COLL SYM
38	2015		_{ODEL:} F3						V.I.N.:	1FD	RF3H65	FE(C92509				P	SPE	-	CO	ML		<u> </u>	<u> </u>
GARAGINO ADDRESS	٠,		Required					CITY	_1						OUNTY							STAT		
i	TER		Hartford		V / GCW		CLAS		iston sic		FACT	np.	SEAT CP	-	rovide	ence	CAC	THEST	TERM	BMAI		RI	02919 COST NE	
STATE RI	161	KK		GVV	V / GCVV		GLAS	13	179500		PACI	UK	SEAT OF	RA	DIUS		FAR	(IMESI	IERW	IINAL		. 2	9.630	¥V
USE			COMM'L		FOR HIRE	SH	ECK VERAGES		ADD'L NO- FAULT		UNDRING MOTOR	3	T _F		LSP		RENT REIMB	DE	DUCT	IBLES		ACV >	COMP/	SPEC C OF I
	SURE		RETAIL			Ÿ	LIAB		MED PAY		TOWING & LABOR	. -	FT	- 1	COMP/ OTC		REIMB FG		٦٨٨		ST A	~	√ οτο ∟ 1,000	00 OF 1
FARN	L L		SERVICE			\sim	NO- FAULT	X	UNINS MOTOR		SPEC C OF L	` -	FTW 5		COLL			\$				\$	1,000	COLI
DRIVE TO WORK / So	CHOOL		< 15 MJL	.ES	15 MILE	S+	NET VE DR/CR:	H										т	TAL P	REM:	\$			
VEH#	YEAR	M.	AKE:						BODY TYPE:								VE	HICLE	TYPE	 ,	s	YM / AG	COMP / OTC SYM	COLL
			ODEL:		.				V.LN.:					T -			P	SPE	2	COI	ViL	1 ::-	<u> </u>	<u> </u>
GARAGIN	9	EET (Required	in KY)				CITY						C	OUNTY							STAT	E ZIP	
LIC STATE	TEF	RR		GVV	V / GCW	Т	CLAS	S	SIC		FACT	OR	SEAT CP	RA	DIUS		FAR	THEST	TERM	INAL		 	COST NE	w
SIAIE																						\$		
USE			COMM'L		FOR HIRE	CHE	ECK VERAGES		ADD'L NO- FAULT		UNDRING MOTOR	3	F		LSP		RENT REIMB	DE	DUCT	IBLE\$		ACV	COMP/ OTC	SPEC C OF I
PLEA	SURE		RETAIL				LIAB		MED PAY		TOWING & LABOR		FT	;	COMP/		FG		AA		STA	MT \$		
FARA		,	SERVICE				NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL			\$				\$		COL
DRIVE TO WORK / St	CHOOL YEAR	Ļ.	< 15 MIL	ES .	15 MILE	S +	NET VE DR/CR:	-11	BODY								1			REM:	-		- I COMPT	COLL
VEH#	TEAR	\vdash	AKE:						TYPE:								P T	HICLE		cor		YM / AGI	COMP/ OTC SYM	COLL
GARAGIN	STRI		ODEL: Required	In KY)				CITY	V.I.N.:					l c	OUNTY			GFEC	·	001	VIL	STAT	_ E ZIP	
ADDRESS	u	`																						
LIC STATE	TEF	₹R		GVV	V / GCW		CLAS	S	SIC		FACT	OR	SEAT CP	RA	DIUS		FAR	THEST	TERM	INAL			COST NE	w
						\perp																\$		
USE			COMM'L		FOR HIRE	CO	ECK VERAGES		ADD'L NO- FAULT		UNDRING MOTOR	Ĺ	F		LSP		RENT REIMB	DE	DUCT	IBLES		ACV_	COMP/ OTC	SPEC C OF I
	SURE		RETAIL				LIAB	\square	MED PAY		& LABOR	.	FT	— '	COMP/ OTC		FG	<u> </u>	_ AA	L.	STA	MT \$		
FARN DRIVE TO		\vdash	SERVICE < 15 MIL		45.841.5		NO- FAULT NET VE	H	UNINS MOTOR		SPEC C OF L		FTW	'	COLL			\$				\$		COLI
DRIVE TO WORK / SO VEH #	YEAR	١	١	.50	15 MILE	3+	DR/CR:		BODY TYPE:								VE	HICLE		REM:		YM / AG	COMP / OTC SYM	COLL
12.17		\vdash	AKE: ODEL:						TYPE: V.I.N.:							Р		SPEC		Cor		, , , , , , , , , , , , , , , , , , ,	OTC SYM	SYM
GARAGIN	G STRI		Required	In KY)				CITY	V-3.114					С	OUNTY			1		1		STAT	E ZIP	<u> </u>
ADDRESS																								
LIC STATE	TER	₹R		GVV	V / GCW		CLAS	S	SIC		FACT	OR	SEAT CP	RA	DIUS		FAR	THEST	TERM	INAL			COST NE	w
	·							, ,		, ,	<u> </u>											\$		
USE			COMM'L		FOR HIRE	CO	ECK VERAGES	\square	ADD'L NO- FAULT	\square	UNDRING MOTOR	·	_ F		LSP	<u> </u>	RENT REIMB	DE	EDUCT	IBLES	Ш	ACV	COMP/ OTC	SPEC C OF I
	SURE	_	RETAIL	Ш	l		LIAB NO-		MED PAY		TOWING & LABOR SPEC	- -	FT		COMP/ OTC		FG		AA	L	STA			
DRIVE TO		<u> </u>	SERVICE < 15 MIL		15 MILE	8 +	FAULT	H.	UNINS MOTOR	1	SPEC C OF L		FTW		COLL	<u> </u>		\$				\$		COL
DRIVE TO WORK / So	CHOOL		~ 19 IVIL		10 MILE	٠,٠	DR/CR:		anii .									TC	TAL P	REM:	\$			
1																								

ACORD® RHODE ISLAND COMMERCIAL AUTO							DATE	E (MM/DD/YYYY)					
			COVERAGES / LIMITS SECTION							0	7/03/2023		
AGENCY				NAMED	INSURED(S)								
USI Insurance Se	rvices LLC				recking Co.	, Inc.				,			
POLICY NUMBER			EFFECTIVE D		R								NAIC CODE
			09/27/20	23									
BUSINESS AUT		-			1		T						
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	¬ \	PD	EA ACC \$										
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NON-OWNED	NO RI	EMPLOYE	s <u>9</u>		DAMAGE					2		COLL	\$ 1,000
LIABILITY		VOLUNTE							<u></u>		<u> </u>		
COVERED (1) ANY AUTO	PARTNER	S (4) OWNED AUTOS	OTHER THAN F	RIVATE PASS		OVERA	AGE IS:	(7)	AUTOS S	PRIMA	RY ED ON SCH	SECONDARY JEDULE
AUTO (2) ALL OWNED AUTOS 3) OWNED PRIVATE PASSENG	ED AUTOS	(5) ALL OWNED AUT (6) OWNED AUTOS	OS WHICH RE	QUIRE NO-FAL	JLT COVER	RAGE		(8)	HIRED A	UTOS		
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	HO KNOWINGLY PRESEN	ITS A FALSE	OR FRAUDULENT	CLAIM FOR I	PAYMENT C	OF A LOS	SS OF	R BENI	EFIT	OR K	NOWIN	GLY PR	ESENTS FALSE
INFORMATION IN	AN APPLICATION FOR IN	SURANCE IS	GUILTY OF A CRIME	AND MAY BE	SUBJECT	TO FINES	S AND	CONF	INE	MENT I	N PRIS	ON.	
	AND ACKNOWLEDGE THA					D TO ME				SELECT	ED TH	E FOLLO	OWING OPTION:
	CAL PAYMENTS COVERA			THIS APPLICA	ATION _		_ `	NITIAL:	•				
	CAL PAYMENTS COVERA							NITIAL					
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2. I SELECT UM/U	IM BI COVERAGE AT THE	LIMITS SHOW	N IN THIS APPLICATION	NC	(INITIA	ALS)		PD	CO	VERAG	Ē		(INITIALS)
	THAT THE COVERAGE SE TINUATIONS AND CHANG					IY STATE	E SUP	PLEME	ENT	WILL A	PPLY .	ľO ALL F	UTURE POLICY
APPLICANT'S SIGNAT	URE		DATE	PRODUCER'S	SIGNATURE						NA'	FIONAL PR	RODUCER NUMBER

AGENCY CUSTOMER ID: AAWRECKI TRUCKERS SECTION COVERAGES **COVERED AUTO SYMBOLS** LIMITS PHYSICAL DAMAGE COVERED AUTO SYMBOLS BI EAPER \$ COVERAGES DEDUCTIBLE 41 46 CSL LIMITS 47 LIABILITY 42 47 BI EACH ACCIDENT \$ 42 COMP / OTC 50 PROPERTY DAMAGE 43 46 42 47 SCI FΤ LSF SPECIFIED 43 FTW \$ CAUSES OF LOSS 42 46 42 47 MEDICAL EACH PERSON \$ **PAYMENTS** COLLISION 43 43 \$ CSL (BI Only) EA ACC \$ 42 46 46 UNINSURED / CSL (BIPD) EA ACC \$ 43 46 **TOWING** UNDERINSURED & LABOR BL EAPER \$ EA ACC \$ MOTORIST 45 PD EA ACC \$ TRAILER INTERCHANGE # TRAILERS FARTH # DAYS RADIUS COVERAGES SYMBOL DEDUCTIBLE 48 COMP / OTC YES STATES IF ANY BASIS COST OF HIRE 49 NON-TRUCKERS HIRED / BORROWED NO 48 SPECIFIED TRUCKERS YES CAUSES OF LOSS STATES COST OF HIRE IF ANY BASIS 49 HIRED / BORROWED LIABILITY NO 48 COLLISION \$ YES STATES **GROUP TYPE** NUMBER OF NON-OWNED NO STATES # DAYS # VFH **EMPLOYEES** AUTO LIABILITY VOLUNTEERS **PARTNERS** HIRED PHYSICAL OTHER DAMAGE PRIMARY SECONDARY COVERAGE IS: OTHER COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY MOTORIST LAW 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) 3. I REJECT UM/UIM 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION (INITIALS) 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

APPLICANT'S SIGNATURE

RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

DATE

PRODIOCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION **COVERED AUTO SYMBOLS** COVERAGES LIMITS PHYSICAL DAMAGE COVERED BI EA PER 67 CSL COVERAGES LIMITS DEDUCTIBLE AUTO SYMBOLS 68 62 BLEACH ACCIDENT 62 67 LIABILITY COMP / OTC 63 71 PROPERTY DAMAGE 63 66 64 LSP 62 67 SPECIFIED 63 68 FTW \$ CAUSES OF LOSS 64 67 62 COLLISION 63 68 \$ 64 64 62 63 MEDICAL TOWING EACH PERSON \$ **PAYMENTS** & LABOR 63 67 67 CSL (BI Only) EA ACC \$ 62 66 TRAILER INTERCHANGE UNINSURED / # TRAILERS FARTH # DAYS CSL (BIPD) EA ACC \$ 63 67 COVERAGES SYMBOL RADIUS DEDUCTIBLE UNDERINSURED EA ACC \$ MOTORIST 64 69 COMP / OTC PD EA ACC \$ 70 69 SPECIFIED CAUSES OF LOSS 70 YES STATES COST OF HIRE IF ANY BASIS 69 NON-TRUCKERS HIRED / BORROWED COLLISION \$ NO 70 **TRUCKERS** YES STATES # DAYS STATES # VEH COST OF HIRE IF ANY BASIS HIRED / BORROWED NO YES STATES GROUP TYPE NUMBER OF HIRED PHYSICAL NON-OWNED NO **EMPLOYEES** DAMAGE AUTO LIABILITY VOLUNTEERS PARTNERS PRIMARY SECONDARY COVERAGE IS: OTHER OTHER **COVERED AUTO SYMBOLS** (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (61) ANY AUTO ANOTHER TRUCKER UNDER A TRAILER (62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL-(69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY 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 / UNIDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE. 1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION (INITIALS) 3. TREJECT UM/UIM 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION (INITIALS) 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. PRODUCER'S SIGNATURE APPLICANT'S SIGNATURE DATE NATIONAL PRODUCER NUMBER Stephen Farrelly

				ADDIT	IONA	L C	OVERAGES AND E	ND	ORSE	MENTS		- 4	
ТН	IS AE	DITIO	NAL COVERAG	ES AND END	ORSEM!	ENTS	S FORM IS A SCHEDULE TO A	ACOF	RD FORM				
FO	RM N	NUMBE	R: <u>137</u>	FOR	M TITLE	: <u>Cc</u>	ommercial Auto						
Loc#	ST RI	Haz	# Class Code)	Cov Co ZZ9Z	ode	Description Registration Plates Not	Fo	orm No.	Edition Date	Rate	Optic	on Codes
Limit	1		Limit 2	Limit 3	De	ed 1	Deductible Type 1	•	Ded 2	Deductib	le Type 2	•	Premium
Loc#	ST	Haz	# Class Code	3	Cov Co	ode	Description Additional Insured with 30 D		orm No.	Edition Date	Rate	Optic	on Codes
Limit	1	<u> </u>	Limit 2	Limit 3	De	ed 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
Loc#	ST	Haz	# Class Code)	Cov Co		Description Blanket Additional Insured	Fc	orm No.	Edition Date	Rate	Optic	n Codes
Llmit	1	<u> </u>	Limit 2	Limit 3		ed 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
Loc#	ST	l Haz i	# Class Code)	Cov Co	ode	Description	Fo	rm No.	Edition Date	Rate	Optic	n Codes
1 ! !4			1 : 14 0	11	ZZ9Z		Pollution Liability - Broaden		19948	2006-03-01			
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Limit	1		Limit 2	Limit 3	De	ed 1	Deductible Type 1	J	Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Haz ;	# Class Code)	Cov Co	ode	Description	Fo	rm No.	Edition Date	Rate	Optio	n Codes
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Loc#	ST	Haz i	# Class Code	•	Cov Co	ode	Description	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limit 2	Limit 3	De	ed 1	Deductible Type 1		Ded 2	Deductib	le Type 2	J	Premium
Loc#	ST	Haz #	Class Code)	Cov Co	ode	Description	Fo	rm No.	Edition Date	Rate	Optio	n Codes
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Loc#	ST	Haz ‡	# Class Code)	Cov Co	ode	Description	Fo	rm No.	Edition Date	Rate	Optio	n Codes
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Loc#	ST	Haz #	# Class Code)	Cov Co	ode	Description	Fo	rm No.	Edition Date	Rate	Optio	n Codes
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AGENCY CUSTOMER ID: AAWRECKI LOC #:		
MARKS SCHEDULE	Page	of



ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

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

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

Policy Number:	Policy Effective Date:
BAP1520873_	09/27/2023
Company:	Producer:
Key Risk Insurance Company	AmWINS Brokerage of New England, LLC
Applicant/Named Insured:	
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.	Bodily Injury	Liak	ury Uninsured Moto oility Coverage (spli ge at a limit of \$25,	t limits)	AND Proper	ty Dai	equal to my mage Uninsured
	OR							
	b.	I select Bodil Damage Unit	ly Inj 1sure	ury Uninsured Moto ed Motorists Covera	orists Co age at th	overage (spli e following l	it limi limits	ts) AND Property :
	-	(Choose one option.)	Split	Limits Bodily Injury li	mit optio	n AND one P	roper	ty Damage limit
		(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			-ı <u></u>	
			-	250,000/500,000				(Other)
		,	-	500,000/1,000,000				
				(Other)	~			

2. Combined Single Limit

((Initials))								
<u>vem</u>	Coverage at Coverage.	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 Bodi Coverage at	ly Injury an the followli	d Property Damage Uninsured Motorists ng Ilmit:					
	(Choose one.)	;						
	(Initials)		Combined Single Limits					
		\$	75,000					
			100,000					
		<u> </u>	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.

(Initials)		I reject Property Damage Uninsured Motorists Coverage and select ONI Bodily Injury Uninsured Motorists Coverage at limits equal to the limits Bodily Injury Liability Coverage (split limits) or Combined Single Limit f Liability Coverage.										
	OR											
	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:										
	-	(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

0/803 Date