

The Commerce Insurance Company
 Citation Insurance Company
 11 Gore Road, Webster, Massachusetts 01570

RENEWAL

08/15/19

Office/Agent: 8861
 Policy No: 19MMRVH982

Issued by The Commerce Insurance Company
ITEM ONE - Named Insured and Address

Producer Name and Address

PABLO MARBLE & GRANIT LLC
 1 MULBERRY LANE
 BURLINGTON MA 01803

W. GOCHIS INS AGENCY, INC
 (781) 272-8306
 113 CAMBRIDGE ST
 BURLINGTON MA 01803

POLICY PERIOD: Policy covers FROM 08/15/19 TO 08/15/20 12:01 A.M. Standard Time at the Named Insured's Address stated above

NAMED INSURED'S BUSINESS:
 FORM OF BUSINESS: OTHER

DIRECT-BILLED COMMERCIAL

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

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

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)</small>	LIMIT		PREMIUM
		The most we will pay for any one accident or loss		
Compulsory Bodily Injury	7	\$ 20,000	Each Person	226.00
		\$ 40,000	Each Accident	
Personal Injury Protection	7	\$ 8,000	Each Person	14.00
Optional Bodily Injury	7	SEE SCHEDULE	Each Person	107.00
		SEE SCHEDULE	Each Accident	
Property Damage (COMPULSORY LIMIT \$5,000)	7	SEE SCHEDULE	Each Accident	428.00
Auto Medical Payments Insurance			Each Person	0.00
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE	Each Person	4.00
		SEE SCHEDULE	Each Accident	
Underinsured Motorists	7	SEE SCHEDULE	Each Person	0.00
		SEE SCHEDULE	Each Accident	

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	7	SEE SCHEDULE	Deductible	234.00
Specified Causes of Loss			Deductible	
Collision Coverage	7	SEE SCHEDULE	Deductible	678.00
Limited Collision Coverage			Deductible	0.00
Loss of Use - Rental Reimbursement				0.00
Towing and Labor				0.00

Forms and Endorsements attached to this Coverage Form:

CA 00 01 03 06 IL 00 21 04 98
 IL 00 17 11 98 MM 99 11 10 11

PREMIUM FOR ENDORSEMENTS	
*ESTIMATED TOTAL PREMIUM	1,691.00

* This policy may be subject to final audit.

SEE ADDITIONAL INFORMATION

Countersigned by: _____ Authorized Representative

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT
Z18	201	W	182	1	001563	001	V	163	

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ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

**VEHICLE INFORMATION
DESCRIPTION**

Auto No.	Year Vehicle	Make	Model	Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State Where the Covered Auto will be Garaged Territory/Premium Town/Zip
1	17	MERZ	SPRINTER VAN CAR	42642	9000	BURLINGTON 04/635
			WD3PF0CD7HP522777			

Auto No.	Use	Symbol	Age	Class	CLASSIFICATION Radius	Mobile Equipment	Inspect Code	Limit Per Disablement	Loss of Use Amount/Days
1	SERVICE	10	03	011890	LOCAL		9		

LIABILITY LIMITS (* Limit(s) in Thousands)

Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000)		Personal Injury Protection \$8,000 Each Person		Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists (Compulsory Limits \$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	* Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium		
1	226	14	50 100	107	100		428			20 40	4	20 40			

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Causes of Loss			Comprehensive		Collision		Limited Collision		*** Waiver of Ded.	*** Loss of Use	*** Towing and Labor
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium			
1	ACV				1000	234	1000	678			13 YES		

** F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage
 *** YES Designates Waiver of Deductible/Loss of Use/Towing and Labor applies.
 ## Designates Policy Level Additional Insured-Lessor applies.
 @ Designate whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability.

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.
1	MERCEDES BENZ FIN SV PO BOX 279319 SACRAMENTO CA 95827

STAT CODES

AUTO NO.	CAR ID	TYPE RISK	PIP		LIABILITY LIMITS						PHYSICAL DAMAGE						P R	
			COV.	DED.	BI	PD	MED	U1	U2	BCC	COLL	LOSS OF USE	O.T.C.	AGE	SYM	ATD		EXP.
1	0	1	1	01	07	7	0	04	04	0	017		039	3	J	0	12	1

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Z18	201	W	182	1	001563	001	V	163	