



111 Congressional Blvd., Suite 500 | Carmel, IN 46032

DECLARATIONS – MASSACHUSETTS BUSINESS AUTO COVERAGE FORM

Company Name: Protective Insurance Company 111 Congressional Boulevard Suite 500 Carmel, IN 46032	Producer Name: Draco Insurance Solutions A Division of Worldwide Facilities LLC 35 Parkwood Dr #170 Hopkinton, MA 01748
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ITEM ONE

Named Insured:	Jeff Miller
Mailing Address:	160 Main St Northampton MA 01060
Policy Period	
From:	1/18/2019
To:	1/18/2020
At 12:01 A.M. Standard Time at your mailing address.	
Previous Policy Number:	

Form Of Business:


Corporation
 Limited Liability Company
 Individual
 Partnership
 Other

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

Premium shown is payable at inception:	\$ 28,550
Audit Period (If Applicable):	<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
See PE00390702



Name:	William Birchfield
Title:	President
Signature:	
Date:	1/18/2019

Note

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

ITEM TWO**Schedule Of Coverages And Covered Autos**

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

Coverages	Covered Autos	Limit	Premium
Compulsory Bodily Injury	7	\$ 20,000 each person \$ 40,000 each accident	\$ 9,705
Personal Injury Protection	7	\$ 8,000 each person	\$ 3,905
LIABILITY INSURANCE			
Optional Bodily Injury	7	\$ See MM9918 each person \$ See MM9918 each accident	\$ 7,190
Property Damage (Compulsory Limit \$5,000)	7	\$ See MM9918 each accident	\$ 7,595
Covered Autos Liability		\$ each accident	\$
Medical Payments		\$ each insured	\$
Uninsured Motorists (Compulsory Limits - \$20,000/40,000)	7	\$ See CA2134 each person \$ See CA2134 each accident	\$ 155
Underinsured Motorists	7	\$ 20,000 each person \$ 40,000 each accident	\$ 0

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SEE SCHEDULE Ded. For Each Covered Auto. See Item Four for Hired or Borrowed Autos	\$
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SEE SCHEDULE Ded. For Each Covered Auto. See Item Four for Hired or Borrowed Autos	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SEE SCHEDULE Ded. For Each Covered Auto. See Item Four for Hired or Borrowed Autos	\$
Physical Damage Limited Collision Coverage		Actual Cash Value or Cost of Repair, Whichever Is Less Minus \$ SEE SCHEDULE Ded. For Each Covered Auto. See Item Four for Hired or Borrowed Autos	
Physical Damage Towing And Labor		\$ SEE SCHEDULE For Each Disablement Of A Private Passenger Auto.	\$
		Premium For Endorsements	\$ 0
		Estimated Total Premium*	\$ 28,550
*This Policy May Be Subject To Final Audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:		SEE PD-CA-9300					
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (s), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New				\$	
		Actual Cost New (N) Or Used (U)				\$	
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right According To Their Interests In The Auto At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Compulsory Bodily Injury	\$	20,000 each person		\$			
	\$	40,000 each accident					
Personal Injury Protection	\$	8,000 each person		\$			
LIABILITY INSURANCE							
Optional Bodily Injury	\$	each person		\$			
	\$	each accident					
Property Damage (Compulsory Limit \$5,000)	\$	each accident		\$			
Covered Autos Liability	\$	each accident		\$			
Medical Payments	\$	each insured		\$			
Uninsured Motorists (Compulsory Limits - \$20,000/40,000)	\$	each person		\$			
	\$	each accident					

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

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:		SEE PD-CA-9300					
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (s), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right According To Their Interests In The Auto At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Compulsory Bodily Injury	\$	20,000 each person		\$			
	\$	40,000 each person					
Personal Injury Protection	\$	8,000 each person		\$			
LIABILITY INSURANCE							
Optional Bodily Injury	\$	each person		\$			
	\$	each accident					
Property Damage (Compulsory Limit \$5,000)	\$	each accident		\$			
Covered Auto Liability	\$	each accident		\$			
Medical Payments	\$	each insured		\$			
Uninsured Motorists (Compulsory Limits - \$20,000/40,000)	\$	each person		\$			
	\$	each accident					

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

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:		SEE PD-CA-9300					
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (s), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right According To Their Interests In The Auto At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Compulsory Bodily Injury	\$	20,000 each person		\$			
	\$	40,000 each person					
Personal Injury Protection	\$	8,000 each person		\$			
LIABILITY INSURANCE							
Optional Bodily Injury	\$	each person		\$			
	\$	each accident					
Property Damage (Compulsory Limit \$5,000)	\$	each accident		\$			
Covered Autos Liability	\$	each accident		\$			
Medical Payments	\$	each insured		\$			
Uninsured Motorists (Compulsory Limits - \$20,000/40,000)	\$	each person		\$			
	\$	each accident					

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

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

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

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

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

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

ITEM FOUR

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

Physical Damage Coverage

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

Total Premium:	\$
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ITEM FIVE

Schedule For Non-Ownership Liability

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

ITEM SIX

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

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

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

ITEM SIX

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

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

Total Premiums	
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Liability	\$
Auto Medical Payments	\$

Location Number	Address

When used as a premium basis:

FOR PUBLIC AUTOS

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

Gross Receipts does not include:

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

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

FOR RENTAL OR LEASING CONCERNS

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

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



DRACO
Insurance Solutions

617.963.3570

470 West Broadway South Boston MA 02127

dracoinsurance.com

ENDORSEMENT NO. 1

ENDORSEMENT EFFECTIVE DATE (at 12:01 AM Standard Time):

03/15/2019

Named Insured:

Jeff Miller

Insurer:

Protective Insurance Company

Policy Effective Date

01/18/2019

Policy #

DG0001504-01

IT IS UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF THE ADDITIONAL PREMIUM BELOW, THE ABOVE CAPTIONED POLICY IS AMENDED AS FOLLOWS:

ADD:

2007 Chevrolet 3GNFK16367G155614

Additional Premium: \$ 4,818.00

Total Additional (includes applicable taxes / fees): \$ 4,818.00

Pro Rata Factor:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Date of Issue: 04/10/2019



DRACO

Insurance Solutions

617.963.3570

a Division of Worldwide Facilities LLC
470 West Broadway South Boston, MA 02127

dracoinsurance.com

ENDORSEMENT NO. 2

ENDORSEMENT EFFECTIVE DATE (at 12:01 AM Standard Time):

03/15/2019

Named Insured:

Jeff Miller

Insurer:

Protective Insurance Company

Policy Effective Date

01/18/2019

Policy #

DG0001504-01

IT IS UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF THE RETURN PREMIUM BELOW, THE ABOVE CAPTIONED POLICY IS AMENDED AS FOLLOWS:

DELETE:

2008 Chrysler 3A8FY58B28T198416

Return Premium: \$ -4,818.00

Total Return (includes applicable taxes / fees): \$ -4,818.00

Pro Rata Factor:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Date of Issue: 04/10/2019

Policy Number: DG0001504-01
 Effective Date: 1/18/2019

SCHEDULE OF COVERED AUTOS YOU OWN EXTENSION OF DECLARATIONS

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged
	Year Model, Trade Name, Body Type Serial Number (S), Vehicle Identification Number (VIN)	✓	Original Cost New	Stated Amount (Limit of Insurance)	
1	2008 Dodge Caravan 1D8HN44H08B182479	✓			Northampton, MA
2	2008 Dodge Caravan 1D8HN44H18B184670	✓			Northampton, MA
3	2001 Chevrolet K1500 3GNFK16T91G181969	✓			Northampton, MA
4	2003 Chrysler PT Cruiser 3C8FY68883T540956	✓			Northampton, MA
5	2008 Chrysler PT Cruiser 3ABFY68883T498416				Northampton, MA

Covered Auto No.	Radius of Operation (in Miles)	Business use (service, rental, etc.)	Size GVW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	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 the loss
					Liab	Phy Damage			
1	Local	C			1	1	0	4189	
2	Local	C			1	1	0	4189	
3	Local	C			1	1	0	4189	
4	Local	C			1	1	0	4189	
5	Local	C			1	1	0	4189	

COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		AUTO MEDICAL PAYMENTS		UNINSURED/UNDERINSURED MOTORISTS		COMPREHENSIVE		SPECIFIED PERILS	COLLISION		TOWING & LABOR	
	Limit (in Thousands)	Premium	Limit	Premium	Limit (in Thousands)	Premium	Limit (in Thousands)	Premium	Deductible	Premium	Limit Premium	Deductible	Premium	Limit per Disablement	Premium
1	See MM9918	4,898	8,000	781			See MM0097	31							
2	See MM9918	4,898	8,000	781			See MM0097	31							
3	See MM9918	4,898	8,000	781			See MM0097	31							
4	See MM9918	4,898	8,000	781			See MM0097	31							
5	See MM9918	4,898	8,000	781			See MM0097	31							
Total Premium		24,490		3,905					155						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPLIT LIABILITY LIMITS - MASSACHUSETTS

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective Date:	1/18/2019
Named Insured	Jeff Miller

SCHEDULE

"Bodily Injury" Liability:	\$ 100,000	Each Person
	\$ 300,000	Each "Accident"
"Property Damage" Liability	\$ 50,000	Each "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the declarations as applicable to this endorsement.)

The Covered Auto Liability Coverage Limit of Insurance is replaced by the following:

Regardless of the number of covered "autos," "insureds," premiums paid, claims made, or vehicles involved in the "accident," the limit of insurance is as follows:

1. The most we will pay in damages for injuries to one or more persons as a result of "bodily injury" to any one person in any one "accident" is the limit of "Bodily Injury" Liability shown in this endorsement for each person.
2. Subject to the limit for each person, the most we will pay in damages for injuries resulting from "bodily injury" to two or more people caused by any one "accident" is the limit of "Bodily Injury" Liability shown in this endorsement for each "accident."
3. The most we will pay for all damages resulting from "property damage" caused by any one "accident" is the limit of "Property Damage" Liability shown in this endorsement.

All "bodily injury" and "property damage" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".