



**MOTOR CARRIER FACTORS ATTACHEMENT**

**Westfield Transport Pilgrim Insurance Policy**

**Randolph, NH**

**HWY19MH010**

(7 pages)

Transaction Type: AMENDMENT  
 Transaction Effective Date: 12/27/2018  
 Process Date: 01/07/2019



For Claims Reporting call 617-956-6100

**ISSUING COMPANY:**  
 Pilgrim Insurance Company

**DECLARATIONS MASSACHUSETTS  
 BUSINESS AUTO COVERAGE FORM**

**Policy Number:** [REDACTED]

**Office/Agent:** 6000K44

**ITEM ONE – Named Insured and Address**  
 WESTFIELD TRANSPORT INC & DARTANYAN GASANOV  
 [REDACTED]  
 W SPRINGFIELD, MA 01089-1983

**Agent Name and Address**  
 MASS TRANS INSURANCE AGENCY  
 425 UNION STREET, A1  
 WEST SPRINGFIELD, MA 01089

\*\*\*Amendment Reason(s): ADD VEHICLE(S)\*\*\*

**POLICY PERIOD:**

Policy Covers FROM 08/25/2018 TO 08/25/2019 12:01 AM EST at the Named Insured's address stated above

**NAMED INSURED'S BUSINESS:** OTHER CONTRACT CARRIER

**FORM OF BUSINESS:** CORPORATION

In return for the payment of premium, and subject to all terms of this policy

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTO**

This policy only 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 (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)	LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	\$20,000 Each Person \$40,000 Each Accident	16,743
Personal Injury Protection	7	\$8,000 Each Person	752
Optional Bodily Injury		\$ Each Person \$ Each Accident	
Property Damage		\$ Each Accident	
Combined Single Limit	7, 8, 9	\$1,000,000 Each Accident	50,100
Medical Payments	7	\$5,000 Each Person	400
Uninsured Motorist	7	\$100,000 Each Person \$300,000 Each Accident	160
Underinsured Motorist	7	\$100,000 Each Person \$300,000 Each Accident	400

**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	4,883
Specified Perils			Deductible	
Collision	7	SEE SCHEDULE	Deductible	20,306
Limited Collision			Deductible	
Rental Reimbursement				
Towing and Labor				
			<b>PREMIUM FOR ENDORSEMENTS</b>	\$1,483
			<b>ESTIMATED TOTAL PREMIUM</b>	93,744

Countersigned by:

[REDACTED SIGNATURE]  
 President

[REDACTED SIGNATURE]  
 Assistant Secretary

Policy Number: [REDACTED]

**ADDITIONAL INFORMATION**

Experience Modifications:	Liability 1.62	Comprehensive 1.07	Collision 1.07	Rating ID: 1
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Company Use Fields: FID #: 454028222 MC #: DOT #: 2896429  
Policy Type: CED

**Forms and Endorsement attached to this Coverage Form:**

CA 00 01 03/2006	CA 23 86 01/2006	CA 23 94 03/2006
CA 99 17 10/2002	CA ERM 01 02/2006	CA NOP 01 02/2006
IL 00 03 04/1998	IL 00 17 11/1998	IL 00 21 04/1998
MCS 90 10/1999	MM 00 97 09/2008	MM 20 26 10/2006
MM 99 11 10/2011	MM 99 13 10/2006	MM 99 17 09/1998
MM 99 23 09/1998	MM 99 50 09/1998	MM 99 51 09/1998
MM 99 54 09/1998	MM 99 55 10/2006	MM 99 56 09/2002
MM 99 67 09/1998		

**Driver Information:**

<u>Driver No.</u>	<u>Driver Name</u>	<u>Date of Birth</u>	<u>License Number</u>	<u>State</u>
1	DUNYADAR GASANOV	[REDACTED]	XXXXXX [REDACTED]	MA
2	DARTANYAN GASANOV	[REDACTED]	XXXXXX [REDACTED]	MA

**ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN**

**VEHICLE INFORMATION  
DESCRIPTION**

Auto No.	Year Make Model Vehicle ID No. (VIN)	Limit of Insurance/ 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	2016 RAM 2500 ST 3C6UR5CL9 [REDACTED]	\$45,000	12,000	WEST SPRINGFIELD, MA, 14 01089
2	2015 QUALI UTILITY 5W0FL3525 [REDACTED]	\$7,000	14,000	WEST SPRINGFIELD, MA, 14 01089
3	2017 RAM 4500 3C7WRLEL8 [REDACTED]	\$55,000	43,000	WEST SPRINGFIELD, MA, 14 01089
4	2017 SHIP UTILITY 4S9SD5324HS [REDACTED]	\$20,000	9,000	WEST SPRINGFIELD, MA, 14 01089
5	2017 RAM 4500 3C7WRDL0HC [REDACTED]	\$55,000	39,000	WEST SPRINGFIELD, MA, 14 01089

**CLASSIFICATION**

Auto No.	Use **	Plate No.	Plate Type	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Day/Amount
1	C	[REDACTED]	CON	23622	LONG DISTANCE (201+ MILES)		9	
2	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	
3	C	[REDACTED]	APN	33622	LONG DISTANCE (201+ MILES)		9	
4	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	
5	C	[REDACTED]	APN	33622	LONG DISTANCE (201+ MILES)		9	

Business Use: S = Service, R = Retail, C = Commercial, N = Non-Business, H = Heavy Commercial/Special

**LIABILITY LIMITS (\* Limits in Thousands)**

Auto No.	* Compulsory Bodily Injury (20/40)		* PIP 8 per pers.		* Optional Bodily Injury/CSL		* Property Damage (compulsory limit 5)			* Auto Medical Payments		* Uninsured Motorist (compulsory limit 20/40)		* Underinsured Motorist	
	Prem	Prem	Limit	Prem	Limit	Ded	Prem	Limit	Prem	Limit	Prem	Limit	Prem		
1	\$1,777	\$80	1,000	\$5,139				5	\$25	100/300	\$10	100/300	\$25		
2	\$281	\$13	1,000	\$877				5	\$25	100/300	\$10	100/300	\$25		
3	\$1,870	\$84	1,000	\$5,802				5	\$25	100/300	\$10	100/300	\$25		
4	\$281	\$13	1,000	\$877				5	\$25	100/300	\$10	100/300	\$25		
5	\$1,870	\$84	1,000	\$5,802				5	\$25	100/300	\$10	100/300	\$25		

**VEHICLE INFORMATION  
DESCRIPTION**

Auto No.	Year Make Model Vehicle ID No. (VIN)	Limit of Insurance/ Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State where the Covered Auto will be Garaged Territory/Premium Town/Zip
6	2015 TRAIL UTILITY 5NHTEM920 [REDACTED]	\$21,500	22,000	WEST SPRINGFIELD, MA, 14 01089
7	2018 CHEVROLET SILVERADO K3500 1GB4KYEY4J [REDACTED]	\$55,000	14,000	WEST SPRINGFIELD, MA, 14 01089
8	2018 RAM 3500 3C7WRTCL9JG [REDACTED]	\$55,000	14,000	WEST SPRINGFIELD, MA, 14 01089
9	2018 SHIP UTILITY 4S9SD5329JS [REDACTED]	\$24,000	12,000	WEST SPRINGFIELD, MA, 14 01089
10	2018 SHIP UTILITY 4S9SD5322JS [REDACTED]	\$24,000	12,000	WEST SPRINGFIELD, MA, 14 01089

**CLASSIFICATION**

Auto No.	Use **	Plate No.	Plate Type	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Day/Amount
6	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	
7	C	[REDACTED]	CON	23622	LONG DISTANCE (201+ MILES)		9	
8	C	[REDACTED]	CON	23622	LONG DISTANCE (201+ MILES)		9	
9	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	
10	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	

Business Use: S = Service, R = Retail, C = Commercial, N = Non-Business, H = Heavy Commercial/Special

**LIABILITY LIMITS (\* Limits in Thousands)**

* Compulsory Bodily Injury (20/40)		* PIP 8 per pers.	* Optional Bodily Injury/CSL		* Property Damage (compulsory limit 5)			* Auto Medical Payments		* Uninsured Motorist (compulsory limit 20/40)		* Underinsured Motorist	
Auto No.	Prem	Prem	Limit	Prem	Limit	Ded	Prem	Limit	Prem	Limit	Prem	Limit	Prem
6	\$281	\$13	1,000	\$877				5	\$25	100/300	\$10	100/300	\$25
7	\$1,777	\$80	1,000	\$5,139				5	\$25	100/300	\$10	100/300	\$25
8	\$1,777	\$80	1,000	\$5,139				5	\$25	100/300	\$10	100/300	\$25
9	\$281	\$13	1,000	\$877				5	\$25	100/300	\$10	100/300	\$25
10	\$281	\$13	1,000	\$877				5	\$25	100/300	\$10	100/300	\$25

Policy Number: [REDACTED]

**VEHICLE INFORMATION  
DESCRIPTION**

Auto No.	Year Make Model Vehicle ID No. (VIN)	Limit of Insurance/ Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State where the Covered Auto will be Garaged Territory/Premium Town/Zip
11	2017 RAM 2500 SLT 3C6UR5DL9H[REDACTED]	\$55,000	12,000	WEST SPRINGFIELD, MA, 14 01089
12	2016 FORD F350 SUPER DUTY 1FT8W3DT6GE[REDACTED]	\$45,000	14,000	WEST SPRINGFIELD, MA, 14 01089
13	2016 KAUFM UTILITY 5VGFL3521GLO[REDACTED]	\$25,000	12,000	WEST SPRINGFIELD, MA, 14 01089
14	2018 KAUFM UTILITY 5VGFL3521JLO[REDACTED]	\$25,000	14,000	WEST SPRINGFIELD, MA, 14 01089
15	2019 GMC SIERRA K3500 1GD42TCY5KF1[REDACTED]	\$55,000	14,000	WEST SPRINGFIELD, MA, 14 01089

**CLASSIFICATION**

Auto No.	Use **	Plate No.	Plate Type	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Day/Amount
11	C	[REDACTED]	CON	23622	LONG DISTANCE (201+ MILES)		9	
12	C	[REDACTED]	CON	23622	LONG DISTANCE (201+ MILES)		9	
13	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	
14	C	[REDACTED]	TRN	68622	LONG DISTANCE (201+ MILES)		9	
15	C	[REDACTED]	CON	23622	LONG DISTANCE (201+ MILES)		9	

Business Use: S = Service, R = Retail, C = Commercial, N = Non-Business, H = Heavy Commercial/Special

**LIABILITY LIMITS (\* Limits in Thousands)**

Auto No.	Compulsory Bodily Injury (20/40)		PIP 8 per pers.		Optional Bodily Injury/CSL		Property Damage (compulsory limit 5)			Auto Medical Payments		Uninsured Motorist (compulsory limit 20/40)		Underinsured Motorist	
	Prem	Prem	Limit	Prem	Limit	Ded	Prem	Limit	Prem	Limit	Prem	Limit	Prem		
11	\$1,848	\$80	1,000	\$5,345				5	\$25	100/300	\$10	100/300	\$25		
12	\$1,777	\$80	1,000	\$5,139				5	\$25	100/300	\$10	100/300	\$25		
13	\$292	\$13	1,000	\$912				5	\$25	100/300	\$10	100/300	\$25		
14	\$292	\$13	1,000	\$912				5	\$25	100/300	\$10	100/300	\$25		
15	\$1,777	\$80	1,000	\$5,139				5	\$25	100/300	\$10	100/300	\$25		

Policy Number: [REDACTED]

**VEHICLE INFORMATION  
DESCRIPTION**

Auto No.	Year Make Model Vehicle ID No. (VIN)	Limit of Insurance/ Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State where the Covered Auto will be Garaged Territory/Premium Town/Zip
17	2018 SHIP UTILITY 4S9SD5324 [REDACTED]	\$24,000	9,000	WEST SPRINGFIELD, MA, 14 01089

**CLASSIFICATION**

Auto No.	Use **	Plate No.	Plate Type	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Day/Amount
17	C	NOTREG	TRN	68622	LONG DISTANCE (201+ MILES)		9	

Business Use: S = Service, R = Retail, C = Commercial, N = Non-Business, H = Heavy Commercial/Special

**LIABILITY LIMITS (\* Limits in Thousands)**

* Compulsory Bodily Injury (20/40)		* PIP 8 per pers.	* Optional Bodily Injury/CSL		* Property Damage (compulsory limit 5)			* Auto Medical Payments		* Uninsured Motorist (compulsory limit 20/40)		* Underinsured Motorist	
Auto No.	Prem	Prem	Limit	Prem	Limit	Ded	Prem	Limit	Prem	Limit	Prem	Limit	Prem
17	\$281	\$13	1,000	\$877				5	\$25	100/300	\$10	100/300	\$25