

- 1 -

FEDERAL BUREAU OF INVESTIGATION

~~SECRET~~

DATE: 07-30-2010

CLASSIFIED BY UC60322LP/PLJ/CC

REASON: 1.4 (c)

DECLASSIFY ON: 07-30-2035

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED EXCEPT

WHERE SHOWN OTHERWISE

Date of transcription 09/15/2001

[redacted] DOB: [redacted] SSN: [redacted] home address [redacted] NJ, home telephone [redacted] [redacted] was interviewed at his business DEBELLIS INSURANCE AGENCY, INC. (DIA), 492 Franklin Avenue, Nutley, NJ 07110. Also present during the interview were [redacted] DOB: [redacted] SSN: [redacted] NJ [redacted] and [redacted] NJ [redacted] [redacted] DOB: [redacted] SSN: [redacted] After the identity of the interviewing agent and the nature of the interview was made known, [redacted] volunteered the following information: (u)

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[redacted] is the [redacted] of DIA. The company was started by [redacted] in 1967. (u) [redacted] is the [redacted] of [redacted] and helps him out at DIA on occasion. [redacted] is a friend of [redacted] and does not work for DIA. (u)

In June of 2001, a telemarketer from DIA contacted URBAN MOVING COMPANY (UMC) to solicit business. The telemarketer made an appointment for [redacted] to meet with a [redacted] LNU on 06/06/2001. [redacted] was unable to meet in person so he spoke with [redacted] LNU on the telephone and wrote UMC a Commercial Auto Policy for their vehicles. [redacted] conducted all the business with UMC via telephone and facsimile. [redacted] never went to the offices of UMC. UMC is a household furnishings moving company. (u)

[redacted] recently received a check from UMC as payment for their insurance. The check was drawn on account 1036500845365, from CHASE MANHATTAN BANK. The check number was 8466 in the amount of \$3,463.37. [redacted] provided a copy of the check and a copy of all the documents in their files relating to UMC. (u)

[redacted] remembered one male from UMC coming to DIA to pick up some driver's licenses of drivers for UMC. [redacted] did not know the name of the individual nor could he remember a physical description. (u)

~~SECRET~~ ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

Investigation on 09/14/2001 at Nutley, NJ

File #

Date dictated

by

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Continuation of FD-302 of [REDACTED]

, On 09/14/2001, Page 2

The writer showed [REDACTED] a photo array of the following five males:

Photograph number 1

[REDACTED] DOB: [REDACTED]

Photograph number 2

[REDACTED] DOB: [REDACTED]

Photograph number 3

[REDACTED] DOB: [REDACTED]

Photograph number 4

[REDACTED] DOB: [REDACTED]

Photograph number 5

[REDACTED] DOB: [REDACTED]

[REDACTED] did not recognize anyone from the photographs or their names. (Note: [REDACTED] paused for quite some time while looking at photograph number 3.) (u)

After looking at the photographs, [REDACTED] asked the interviewing agent if everyone at UMC was Israeli. The interviewing agent asked [REDACTED] why he would ask such a question. [REDACTED] responded that he also carries the insurance policy for MOISHES MOVING COMPANY located near the entrance of the Hoboken Tunnel. DIA has had the insurance for MOISHES for approximately one year. (u)

[REDACTED] explained that the movers at MOISHES are all subcontractors. There are approximately 6 to 12 at any given time. [REDACTED] stated DIA carries separate insurance policies on each subcontractor's business. The subcontractors are all young individuals from Israel just out of the military. [REDACTED] stated he knows this because the subcontractors talk openly about their experiences. [REDACTED] also stated the subcontractors seemed to be all hard working nice individuals. (u)

[REDACTED] has met all the subcontractors and employees of MOISHES and knows them by sight. The subcontractors regularly come into DIA's office to make payments and drop off any necessary insurance documents. (u)

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Continuation of FD-302 of

[REDACTED]

~~SECRET~~

, On 09/14/2001, Page 3

All documents provided by DIA will be maintained in a 1A with the case file. This report relates to NK1765. (u)

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~~SECRET~~

URBAN MOVING SYSTEMS, INC.

THE CHASE MANHATTAN BANK, N.A.  
770 Lexington Avenue  
New York, NY 10021

8466

1-12/210  
0038

9/6/2001

PAY TO THE  
ORDER OF

DeBellis Insurance

\$ \*\*3,463.37

Three Thousand Four Hundred Sixty-Three and 37/100

DOLLARS

DeBellis Insurance

MEMO

insurance installment

⑈008466⑈ ⑈021000128⑈ ⑈036500845365⑈

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 mcl/epm/wh

DEBELLIS INS AGENCY, INC.  
492 FRANKLIN AVE.  
NUTLEY, NJ 07110  
973-661-1500  
FAX 973-661-9750

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
<input type="text"/>	<input type="text"/>
COMPANY:	DATE:
Urban Moving	09/07/01
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
201-558-0215	02
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
<u>WORKER'S COMP - RENEWAL</u>	

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NOTES/COMMENTS:

Please sign and return the enclosed form to my office naming me as your agent on the worker's compensation renewal. There will be no difference in premium. I will service this policy in conjunction with your commercial auto.

If there are any questions please contact me.

Sincerely,

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 Puc/KP/CPB/vh

**ACORD AGENT/BROKER OF RECORD CHANGE**DATE  
09-07-01

PRODUCER

Anthony DeBellis Agency  
312 Ramapo Valley Rd.  
Oakland, NJ 07436

INSURANCE COMPANY NAME

CNA Ins Co.

CODE:

SUBCODE:

AGENCY  
CUSTOMER ID:

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
65594B-674X651-5-00	09-18-00	09-18-01	Worker's Comp.

Please be advised that we wish to name Anthony DeBellis Agency, Inc.

PRODUCER

\_\_\_\_\_ as our exclusive representative effective 09-18-01

CODE #

DATE

for the lines of business shown above, currently in force or submitted by application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

☒ Please rescind the \_\_\_\_\_ day waiting period☐ There will be no rescission letter

(X)

INSURED'S SIGNATURE

DATE

(X)

TITLE (IF APPLICABLE)

Urban Moving Systems, Inc.

COMPANY NAME (IF APPLICABLE)

2

DIA

DeBELLIS INSURANCE AGENCY, INC.

492 FRANKLIN AVENUE, NUTLEY, NEW JERSEY 07110 • Tel: (973) 661-1500 • Fax (973) 661-9750

July 09, 2001

Urban Moving  
3 18<sup>th</sup> St.  
Weehawken, NJ

Attn:   
Re: Insurance Proposal

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Dear

We spoke several weeks ago and I advised you that my firm would like an opportunity to quote the insurance coverage for your moving company. I advised you at that time that my office presently works with other moving firms both small and large.

The information I will need to obtain is as follows:

1. Copies of Policies (Auto, Cargo, Warehouseman Liability, Commercial Package, Worker's Compensation, Commercial Umbrella)
2. Schedule of Vehicles (to include - year, make, model, VIN number, cost new, GVW)
3. Schedule of drivers (name & license number)
4. Three years of loss runs from your current/prior carriers

If there are any questions please feel free to contact me.

Sincerely,

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60323 AUL/LP/CP/Alta

# FPP - PREMIUM PAYMENT PLAN

You have the right to receive at this time an itemization of the Amount Financed.  
☐ I want an itemization ☒ I do not want an itemization

# PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

1. Policy Designation (Check One) ☒ Commercial ☐ Personal ☐ Assigned Risk
2. Type of Agreement (Check One) ☒ New ☐ APC ☐ Renewal ☐ Inforce
3. Preferred Billing Method (Check One) ☒ Coupon Book ☐ Monthly Statement

A	Total Premiums	\$ 38920.00
B	Cash Down Payment Required	\$ 9730.00
C	Amount Financed (The Amount of credit provided to me or on my behalf)	\$ 29190.00
D	FINANCE CHARGE (Dollar amount credit will cost me)	\$ 1980.33
E	Total of Payments (Amount I will have paid after making all scheduled payments)	\$ 31170.33

**PREMIUM PAYMENT PLAN**  
**HUDSON**  
**HUDSON CITY CENTRE - CORNER OF GREEN & STATE ST.**  
**HUDSON, NY 12634**  
**518-422-1000 • Fax 518-422-5710**

LOAN AGREEMENT NO. AND/OR QUOTE NO. 18.00

INSURED/BORROWER (Name, Address and Telephone Number)  
 URBAN MOVING SYSTEMS INC  
 3 18TH STREET  
 WEEHAWKEN, NJ 07087

ACCT. NO.

Pm Phone No: AM Phone No:

AGENT or BROKER (Name and Business Address) PPP CODE  
 DEBELLIS AGENCY  
 492 FRANKLIN AVE  
 NUTLEY, NJ 07110

Phone No: Fax No:

<b>ANNUAL PERCENTAGE RATE</b> (Cost of my credit figured as a yearly rate)		16.00 %	
<b>Payment Schedule</b>			
Amount of Each Payment	Number of Payments Payable	1st Payment Due	Final Payment Due
3463.37	Annual Quarterly Monthly	09/05/01	05/05/02

**Prepayment** I may prepay the full amount due under this Agreement. If I do so, there is a non-refundable service charge of \$10 in CT, NY, PA; \$12 in NJ; \$15 in RI and KY; \$20 in MD; 4% - \$15 maximum in TN; \$30 non-refundable fee in IN. No refund of unearned interest will be made if the amount refundable is less than one dollar (\$1 in NY, NJ, MD) and three dollars (\$3 in CT, PA, RI), or maximum allowed by state.

**Late Payment** A late charge will be imposed on any installment which is not made within five (5) days of the due date (10 days in NJ, IN, TN, and MS). This late charge will be 5% of the payment. The late charge will be a minimum of one dollar (\$1.00) (\$2 in TN). See back of form for maximum late charge by state.

**Security Interest** As a security for the payments to be made, I am assigning to you all unearned premiums under the Policies, and all loss payments which reduce the unearned premiums. This means that this money can be used to pay amounts due under this agreement.

**Contract Reference** Reference should be made to the terms of this Agreement as stated below and on the next page for information about nonpayment, default, the right to accelerate, the maturity of this obligation, and prepayment, rebates, and penalties.

SCHEDULE OF POLICIES: Personal Auto - BI (Bodily Injury) - PD (Property Damage) - HO (Homeowners) - F (Fire) - ML (Multiline) - MC (Motorcycle) - BOP (Business Owners)

Type of Insurance	Policy Number and Prefix	Full Name of Insurance Company and Name and address of General Agent or Company Office to Which Premium is Paid	New (N) or Renewal (R) Policy →	(N) or (R)	Term in Mos. Gov. by Prem.	Effective Date: Mo. Day Yr.	Policy Premiums
BA	BINDER	EMPIRE INS /		N	12	08 06 01	38920 00
Taxes							0 00
Fees							0 00
Total Premiums (Record in "A")							38920 00

Wherever the word "Policy" is used, it means those things listed above in the Schedule of Policies. Whenever "you" is used in this Agreement, it means PREMIUM PAYMENT PLAN (PPP). Whenever the word "I" (or "me") is used in this Agreement, it means the Insured undersigned.

1. **Payments.** In consideration of the premium payments to be made by you to the above Insurance company(ies), I promise to pay you as stated above in the "Payment Schedule." If I do not make any payments within five (5) days of the date the payment is due, I will pay a charge as stated above.
2. **Taxes & Fees.** I understand the following:
  - (a) If there is an amount in the "Taxes & Fees" column in the Schedule of Policies listed above, this fee is charged under Section 2119 of the New York Insurance Law (NY State only) or the law, if any, of the state in which I live. This fee is charged for obtaining and servicing the Policy and taxes related thereto.
  - (b) A fee of \$ \_\_\_\_\_, which is not being financed, has been charged under the provisions of these laws. If none has been charged, the word "none" is shown.

(CONTINUED ON REVERSE SIDE)  
 The insured understands and agrees that the provisions on the reverse side hereof are incorporated by reference and constitute a part of this Agreement.

NOTICE TO INSURED	1. Do not sign this Agreement before you read it or if it contains any blank space.	3. Under the law, you have a right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge.
	2. You are entitled to a completely filled in copy of this Agreement.	4. Keep your copy of this Agreement to protect your legal rights.

All insureds must sign as named in policies. If corporation, authorized officers must sign; if partnership, partner should sign as such; signatory acting in representative's capacity represents that all insureds have authorized this transaction.

The Undersigned Agent or Broker agrees to the Agreement on the reverse side.

By (X) 8/2/01 (Signature of Insured) Date (Signature and Title of Agent or Broker)

NOTICE: SEE NEXT PAGE FOR IMPORTANT INFORMATION

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ECS 5/95

ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 7/1/88 BY 60322nd/cj/n/wh



DEBELLIS INSURANCE AGENCY, INC.  
492 FRANKLIN AVE.  
NUTLEY, NJ 07110  
973-661-1500  
FAX 973-661-9750

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
<input type="text"/>	<input type="text"/>
COMPANY:	DATE:
Urban Moving Systems	08/01/01
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
	03
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
<u>COMMERCIAL AUTO</u> <u>QUOTATION - REVISED</u>	

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NOTES/COMMENTS:

Per our conversation today please be advised I have obtained the following quotation on your commercial autos:

Liability Limit \$1,000,000  
Comprehensive & Collision Deductible \$1,000.

Total Annual Premium = \$38,920  
Deposit Required to Bind = \$9,730 (the balance of the premium can be financed on 9 monthly installments). Please make check payable to DEBELLIS AGENCY.

This indication is based on 6 units with total values of \$237,995.

If there are any questions please contact my office.

Sincerely,

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 HOC/CPA/10/2

Finance Agreement + 1<sup>ST</sup> Payment Coupon are enclosed.

201-558-0215 Fax

# PPP - PREMIUM PAYMENT PLAN

# PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

You have the right to receive at this time an itemization of the Amount Financed.

☐ I want an itemization ☒ I do not want an itemization

1. Policy Designation (Check One) ☒ Commercial ☐ Personal ☐ Assigned Risk
2. Type of Agreement (Check One) ☒ New ☐ APC ☐ Renewal ☐ Inforce
3. Preferred Billing Method (Check One) ☒ Coupon Book ☐ Monthly Statement

A	Total Premiums	\$ 38920 00
B	Cash Down Payment Required	\$ 9730 00
C	Amount Financed (The Amount of credit provided to me or on my behalf)	\$ 29190 00
D	FINANCE CHARGE (Dollar amount credit will cost me)	\$ 1980 33
E	Total of Payments (Amount I will have paid after making all scheduled payments)	\$ 31170 33

LOAN AGREEMENT NO. AND/OR QUOTE NO. 16.00

INSURED/BORROWER (Name, Address and Telephone Number) URBAN MOVING SYSTEMS INC 3 18TH STREET WEEHAWKEN, NJ 07087	ACCT. NO.
Pm Phone No:	AM Phone No:
AGENT or BROKER (Name and Business Address) DEBELLIS AGENCY 492 FRANKLIN AVE NUTLEY, NJ 07110	PPP CODE
Phone No:	Fax No:

**PREMIUM PAYMENT PLAN**  
SUBPAY  
HUDSON CITY CENTRE - CORNER OF GREEN & STATE ST.  
HUDSON, NY 12534  
518-822-1000 \* Fax 518-828-5729

ANNUAL PERCENTAGE RATE (Cost of my credit figured as a yearly rate)	16.00 %		
Payment Schedule			
Amount of Each Payment	Number of Payments Payable	1st Payment Due	Final Payment Due
3463.37	Annual Quarterly Monthly	09/05/01	05/05/02

**Prepayment** I may prepay the full amount due under this Agreement. If I do so, there is a non-refundable service charge of \$10 in CT, NY, PA; \$12 in NJ; \$15 in RI and KY; \$20 in MD; 4% - \$15 maximum in TN; \$30 non-refundable fee included in finance charge in IN. No refund of unearned interest will be made if the amount refundable is less than one dollar (\$1 in NY, NJ, MD) and three dollars (\$3 in CT, PA, RI), or maximum allowed by state.

**Security Interest** As a security for the payments to be made, I am assigning to you all unearned premiums under the Policies, and all loss payments which reduce the unearned premiums. This means that this money can be used to pay amounts due under this agreement.

**Late Payment** A late charge will be imposed on any installment which is not made within five (5) days of the due date (10 days NJ, IN, TN, and MS). This late charge will be 5% of the payment. The late charge will be a minimum of one dollar (\$1.00) (\$2 in TN). See back of form for maximum late charge by state.

**Contract Reference** Reference should be made to the terms of this Agreement as stated below and on the next page for information about nonpayment, default, the right to accelerate, the maturity of this obligation, and prepayment, rebates, and penalties

SCHEDULE OF POLICIES: Personal Auto - BI (Bodily Injury) - PD (Property Damage) - HO (Homeowners) - F (Fire) - ML (Multiline) - MC (Motorcycle) - BOP (Business Owners)

Type of Insurance	Policy Number and Prefix	Full Name of Insurance Company and Name and address of General Agent or Company Office to Which Premium is Paid	New (N) or Renewal (R) Policy -->	(N) or (R)	Term in Mos. Gov. by Prem.	Effective Date Mo. Day Yr.	Policy Premiums
BA	BINDER	EMPIRE INS /		N	12	08 06 01	38920 00
Taxes							0 00
Fees							0 00
Total Premiums (Record in "A")							38920 00

Wherever the word "Policy" is used, it means those things listed above in the Schedule of Policies. Whenever "you" is used in this Agreement, it means PREMIUM PAYMENT PLAN (PPP). Whenever the word "I" (or) "me" is used in this Agreement it means the insured undersigned.

1. **Payments.** In consideration of the premium payments to be made by you to the above insurance company(ies). I promise to pay you as stated above in the "Payment Schedule." If I do not make any payments within five (5) days of the date the payment is due, I will pay a charge as stated above.
  2. **Taxes & Fees.** I understand the following:
    - (a) If there is an amount in the "Taxes & Fees" column in the Schedule of Policies listed above, this fee is charged under Section 2119 of the New York Insurance Law (NY State only) or the law, if any, of the state in which I live. This fee is charged for obtaining and servicing the Policy and taxes related thereto.
    - (b) A fee of \$ , which is not being financed, has been charged under the provisions of these laws. If none has been charged, the word "none" is shown.
- (CONTINUED ON REVERSE SIDE)
- The insured understands and agrees that the provisions on the reverse side hereof are incorporated by reference and constitute a part of this Agreement.

NOTICE TO INSURED	1. Do not sign this Agreement before you read it or if it contains any blank space.	3. Under the law, you have a right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge.
	2. You are entitled to a completely filled in copy of this Agreement.	4. Keep your copy of this Agreement to protect your legal rights.

All insureds must sign as named in policies. If corporation, authorized officers must sign; if partnership, partner should sign as such; signatory acting in representative's capacity represents that all insureds have authorized this transaction.

By (Signature) (Signature of Insured)

Date (Date) (Date)

The Undersigned Agent or Broker agrees to the Agreements on the reverse side. (Signature and Title of Agent or Broker)

NOTICE: SEE NEXT PAGE FOR IMPORTANT INFORMATION

ECS 5/95

From: URBAN MOVING SYSTEMS INC  
3 18TH STREET  
WEEHAWKEN, NJ 07087

Place stamp here

Attn: Process Immediately  
PREMIUM PAYMENT PLAN  
HUDSON CITY CENTRE  
CORNER OF STATE & GREEN STREETS  
P.O. BOX 668  
HUDSON, NEW YORK 12534-0668

(Fold with the above facing out for mailing)

### Premium Payment Plan

PO Box 668, Hudson, New York 12534-0668

Dear Insured:

Welcome! It can take over a week to receive your payment coupon book. This is your first payment coupon. To avoid late charges, your payment must be received by PPP on or before the due date. Payment to your agent or broker does not eliminate the late charge. MAIL EARLY!!

The easy way to get and keep your needed insurance coverage, finance your policies with Premium Payment Plan, easy and flexible payment schedules with low down payments to help you afford the best protection available.

Why should you deal with multiple bills for each insurance company? Finance all your insurance and pay only one bill each month. PPP is here to serve you through the best professional independent insurance agents and brokers in the country.

Call us at PPP if you have any questions (518)822-1000

(For mailing, fold-up the below section -place check in the fold - tape or staple all 4 sides)

### FIRST PAYMENT COUPON:

Policies	Insurance Co	General Agent	New/Renew	Term	Effective Date	Premiums
BINDER	EMPIRE INS				08/06/01	3892000
B					08/06/01	
B					08/06/01	
<b>ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 7/14/2005 BY 60322auc/klj/crp/htn</b>						Taxes
						Fees
						TOTAL 38920 00

Make check payable to Premium Payment Plan. Include check-fold, staple, mail

Insured's Name: URBAN MOVING SYSTEMS INC  
Address: 3 18TH STREET  
WEEHAWKEN, NJ 07087

Due: 09/05/01  
Amt Due: 3463.37

Agent/Code: DEBELLIS AGENCY/

Premium Payment Plan \* PO Box 668, Hudson, NY, 12534 \* Tel. 518-822-1000

08-10-01 03:06  
AUG. 10. 2001

2:21 PM

BY CONCUR INSURANCE Ins. Eff: 03/01/1998

ID=

PS1/01

Vehicle	: 2000 GMC Van	: 1999 International	:
Vehicle Type	: Truck	: Truck	:
	: Not Otherwise Clas	: Not Otherwise Clas	:
Class Code	: 03199	: 33199	:
Liab Factor	: 1.30+0.00=1.30	: 1.55+0.00=2.55	:
Phy Dam Factor	: 1.10+0.00=1.10	: 0.80+0.00=0.80	:
Territory	: 10	: 10	:
Cost New	: \$18,000	: \$35,000	:
Age Group	: 2	: 3	:
Coverage	: Limits	: Premium	: Limits : Premium :
Liability	: \$1,000,000	: \$2543.00	: \$1,000,000 : \$3019.00:
Medical Pay	: None	: \$0.00	: None : \$0.00:
PIP	: Pedestrian	: 0.62	: Pedestrian : 0.62:
UM	: \$1,000,000	: \$216.00	: \$1,000,000 : \$216.00:
Coverage Type	: Comprehensive	: Comprehensive	:
Other Than Col	: \$1,000 ded	: \$141.00	: \$1,000 ded : \$138.00:
Collision	: \$1,000 ded	: \$345.00	: \$1,000 ded : \$401.00:
Premium	:	: \$3245.62:	: \$3774.62:

Total Annual Premium : \$7,020.00

tax #23.17

08-10-01 02:27 TO:

FROM:

POS

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/05 BY 60322 mcl/cpl/mz

Urban Moving Systems, Inc.

New Jersey Headquarters  
3, 18<sup>th</sup> Street  
Weehawken, NJ 07087  
(201) 558-0031

New York Headquarters  
446 West 50<sup>th</sup> Street  
New York, NY 10019  
(212) 338-9267

Debell's Insurance

VIA FACSIMILE: 973-661-9750

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b7C

Dear [REDACTED]

The information you requested is below. Please call me to confirm that you received them and that the application is on its way.

Thank you.

Urban Moving Systems, Inc.

Urban Moving Systems, Inc.  
MC 320465  
NYS Dot t-33739  
US Dot 691256  
PC 0076006

Max Movers, Inc.  
MC 398463  
USDOT 923345

8-10-01

[REDACTED] please fax me copies of all vehicle registrations as soon as possible. Thank you.

[REDACTED]

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 mcl/pkpb/ltz

# DeBellis Insurance Agency

492 Franklin Avenue  
Nutley, New Jersey 07110  
Phone: (973)661-1500  
Fax: (973)661-9750

## Fax

b6  
b7c

To:	<input type="text"/>	From:	<input type="text"/>
Co.:	Inter	Pages:	13
Ref:	Urban Moving	Date:	8-3-01
Ref#:		CC:	
<input checked="" type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

Please review app + loss runs. MUR's are ordered. Account sold at \$38,920. Deposit of \$9730 received. Need bound 8-5-01 or 8-6-01. Thanks.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/05 BY 60322 ruc/klp/ltz

Sincerely,

**ACORD COMMERCIAL INSURANCE APPLICATION**  
APPLICANT INFORMATION SECTIONDATE  
08/03/2001

PRODUCER PHONE (A/C, No. Ext.): (973) 661-1500 FAX (973) 661-9750 DeBellis Insurance Agency, Inc. 492 Franklin Avenue Nutley, NJ 07110	CARRIER NAIC CODE: Inter-America Ins Agency	UNDERWRITER
POLICIES OR PROGRAM REQUESTED CA		
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER
<input type="checkbox"/> PROPERTY		INSTALLATION/BUILDERS RISK
<input type="checkbox"/> GLASS AND SIGN		ELECTRONIC DATA PROC
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input checked="" type="checkbox"/> BUSINESS AUTO
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER
		GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA

CODE:	SUB CODE:
AGENCY CUSTOMER ID 00007675	

## STATUS OF SUBMISSION

## PACKAGE POLICY INFORMATION

<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
DATE 08/06/2001	TIME 12:01	<input checked="" type="checkbox"/> AM	08/06/2001	08/06/2002	<input checked="" type="checkbox"/> DIRECT BILL	
		<input type="checkbox"/> PM			<input checked="" type="checkbox"/> AGENCY BILL	

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) URBAN MOVING SYSTEMS INC		FEIN OR SOC SEC # (of First Named Insured): 22-3511891	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) HUDSON 3 18TH STREET WEEHAWKEN, NJ 07087	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORGANIZATION	YEAR BUSINESS STARTED 1990
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION		
INSPECTION CONTACT PHONE (A/C, No. Ext.): (201) 558-0031		ACCOUNTING RECORDS CONTACT PHONE (A/C, No. Ext.):		

## PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
00001	00001	3 18TH STREET HUDSON WEEHAWKEN NJ 07087	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT		b6 b7C
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

## NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

MOVING & STORAGE (HOUSEHOLD)
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 7/14/2005 BY 60322 mcl/CPA/ltz

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>			
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MD		<input checked="" type="checkbox"/>			

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE AD
-----------------------	----------------------------

PRIOR CARRIER INFORMATION

LINE	CATEGORY	1998-2001											
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
	COMBINED SINGLE LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
AUTOMOBILE LIABILITY	CARRIER	VAN LINER INS CO											
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT	1,000,000											
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS (REGARDLESS OF FAULT) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	X	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
						OPEN		
						CLOSED		
						OPEN		
						CLOSED		

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES  
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.



# BUSINESS AUTO SECTION

DATE (MM/DD/YY)  
08/03/2001

PRODUCER	PHONE	(973) 661-1500
	(A/C, No, Ext):	
	FAX	(973) 661-9750

DeBellis Insurance Agency, Inc.  
492 Franklin Avenue  
Nutley, NJ 07110

APPLICANT URBAN MOVING SYSTEMS INC  
(First  
Named  
Insured)

EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
08/06/2001	08/06/2002	X AGENCY BILL		

**FOR  
COMPANY  
USE ONLY**

CODE: \_\_\_\_\_ SUB CODE: \_\_\_\_\_

AGENCY  
CUSTOMER ID: 00007675

**COVERAGES/LIMITS**

COVERAGES		COVERED AUTO SYMBOLS						LIMITS			
LIABILITY		1		4	X	9	X	CSL		BI EA PER \$	1,000,000
		2	X	7				BI EACH ACCIDENT	\$		
		3	X	8				PROPERTY DAMAGE	\$		
PERSONAL INJURY PROTECTION	X	5						OR EQUIVALENT NO-FAULT COVERAGE	\$	DEDUCTIBLE	
ADDITIONAL P.I.P.		5						TOTAL W/C	\$		
		7						\$ M/E	\$		
MEDICAL PAYMENTS		2		4		8		EACH PERSON	\$		
UNINSURED MOTORIST		2		6			X	CSL		BI EA PER \$	1,000,000
		3	X	7				BI EACH ACCIDENT	\$		
		4						PROPERTY DAMAGE	\$		
		2		6				X	CSL		BI EA PER \$
UNDERINSURED MOTORIST		3	X	7				BI EACH ACCIDENT	\$		
		4						PROPERTY DAMAGE	\$		
		2		6				X	CSL		BI EA PER \$
HIRED/BORROWED LIABILITY	STATES NJ							COST OF HIRE	X	IF ANY BASIS	
NON-OWNED LIABILITY	STATES NJ							GROUP TYPE		NUMBER OF	
								EMPLOYEES			
								VOLUNTEERS			
								PARTNERS			

COVERAGES		COVERED AUTO SYMBOLS						LIMITS	
TOWING & LABOR		3							\$
		7							
		2		4		8			
COMPREHENSIVE		3	X	7					
SPECIFIED CAUSES OF LOSS		2		4		8			
		3		7					
		2		4		8			
COLLISION		3	X	7					
HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE					
						COMP	\$		
						SPEC C OF L	\$		
						COLL	\$		
COVERAGE IS:		PRIMARY		SECONDARY					

**ENDORSEMENTS, FORMS, CONDITIONS**

COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS
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### DRIVER INFORMATION

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

[illegible]

### VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: GMC	BODY TYPE:										SYNWAGE		COST NEW			
00001	2000	MODEL:VAN	V.I.N.: 1GCEG15W4Y1142815												\$ 20,935			
CITY, STATE, ZIP			TERR			GVW/GCW			CLASS			SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
WHERE GARAGED						15000												
DRIVE TO WORK/SCHOOL	USE	X	COMM'L	CHECK COVERS		ADD'L PIP	X	UNDRINS MOTOR		F		LSP	DEDUCTIBLES		ACV	X	COMP	SPEC C OF L
UNDER 15 MILES	PLEASURE		RETAIL	X LIAB		MED PAY		TOWING & LABOR		FT	X	COMP	AA	X	ST AMT	\$	1,000	
15 MILES OR OVER	FARM		SERVICE	X PIP	X	UNINS MOTOR		SPEC C OF L		FTW	X	COLL	\$		20,935	\$	1,000	COLL

ACORD 127 (8/94)

PLEASE COMPLETE REVERSE SIDE

©ACORD CORPORATION 1993

VEHICLE DESCRIPTION (continued)															
VEH #	YEAR	MAKE	MODEL	TRUCK	BODY TYPE	SYM/WAGE					COST NEW				
00002	1999	INTERNATIONAL			V.I.N.: 1HTSCAAM5X675087						\$ 42,259				
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
						23000									
DRIVE TO WORK/SCHOOL USE					<input checked="" type="checkbox"/> COMM'L	CHECK COVERAGES	ADD'L PIP	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	
UNDER 15 MILES					<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$ 1,000		
15 MILES OR OVER					<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> PIP	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$ 42,259	\$ 1,000	COLL		
VEH #	YEAR	MAKE	MODEL	TRUCK	BODY TYPE	SYM/WAGE					COST NEW				
00003	1994	INTERNATIONAL			V.I.N.: 1HSDPPN9RH559152						\$ 26,000				
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
						23000									
DRIVE TO WORK/SCHOOL USE					<input checked="" type="checkbox"/> COMM'L	CHECK COVERAGES	ADD'L PIP	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	
UNDER 15 MILES					<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$ 1,000		
15 MILES OR OVER					<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> PIP	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$ 26,000	\$ 1,000	COLL		
VEH #	YEAR	MAKE	MODEL	TRUCK	BODY TYPE	SYM/WAGE					COST NEW				
00004	1993	FORD			V.I.N.: 1FDNK72CXPVA20054						\$ 15,000				
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
						18000									
DRIVE TO WORK/SCHOOL USE					<input checked="" type="checkbox"/> COMM'L	CHECK COVERAGES	ADD'L PIP	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	
UNDER 15 MILES					<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$ 1,000		
15 MILES OR OVER					<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> PIP	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$ 15,000	\$ 1,000	COLL		
VEH #	YEAR	MAKE	MODEL	TRUCK	BODY TYPE	SYM/WAGE					COST NEW				
00005	2001	FREIGHTLINER			V.I.N.: 1FVABPAL91HH68277						\$ 69,837				
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
						25500									
DRIVE TO WORK/SCHOOL USE					<input checked="" type="checkbox"/> COMM'L	CHECK COVERAGES	ADD'L PIP	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	
UNDER 15 MILES					<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$ 1,000		
15 MILES OR OVER					<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> PIP	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$ 69,837	\$ 1,000	COLL		
ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)															
INTEREST	RANK	NAME AND ADDRESS			REFERENCE #	CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER						
ADDITIONAL INSURED									LOCATION: BUILDING:						
LOSS PAYEE									VEHICLE: BOAT:						
MORTGAGEE									SCHEDULED ITEM NUMBER:						
LIENHOLDER									OTHER						
EMPLOYEE AS LESSOR															
ITEM DESCRIPTION:															
GENERAL INFORMATION															
EXPLAIN ALL "YES" RESPONSES															
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? YES: NO: X															
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? YES: NO: X															
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? YES: NO: X															
4. ARE ANY VEHICLES LEASED TO OTHERS? YES: NO: X															
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? YES: NO: X															
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? YES: NO: X															
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? YES: NO: X															
8. ANY HOLD HARMLESS AGREEMENTS? YES: NO: X															
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, PLEASE IDENTIFY IN REMARKS. YES: NO: X															
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? YES: NO: X															
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? YES: NO: X															
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? YES: NO: X															
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? YES: NO: X															
DESCRIPTION OF GARAGE/STORAGE LOCATIONS															
REMARKS															
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)															
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.															
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPOSED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:															
SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,															
SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR															
REJECTING COVERAGE ENTIRELY.															
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.															
1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP (APPLICANT'S SIGNATURE)															
2. I REJECT UM BODILY INJURY COVERAGE (APPLICANT'S SIGNATURE)															
3. I REJECT UIM BODILY INJURY COVERAGE (APPLICANT'S SIGNATURE)															
4. I REJECT UM PROPERTY DAMAGE COVERAGE (APPLICANT'S SIGNATURE)															
5. I REJECT UIM PROPERTY DAMAGE COVERAGE (APPLICANT'S SIGNATURE)															
ACORD 127 (8/94) ATTACH TO APPLICANT INFORMATION SECTION															

## ACORD® VEHICLE SCHEDULE

DATE (MM/DD/YY)  
08/03/2001PRODUCER PHONE (A/C, No, Ext): (973) 661-1500  
FAX (973) 661-9750DeBellis Insurance Agency, Inc.  
492 Franklin Avenue  
Nutley, NJ 07110APPLICANT URBAN MOVING SYSTEMS INC  
(First Named Insured)EFFECTIVE DATE 08/06/2001 EXPIRATION DATE 08/06/2002 DIRECT BILL X AGENCY BILL  
PAYMENT PLAN AUCITCODE: SUB CODE:  
AGENCY CUSTOMER ID  
00007675FOR  
COMPANY  
USE ONLY

## VEHICLE DESCRIPTION

VEH #	YEAR	MAKE	MODEL	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	COST NEW
00006	2001	INTERNATIONAL	TRUCK		25500							\$ 63,964
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$ 1,000												
COLL \$ 1,000												
SYM/AGE												
COST NEW												
VEH # YEAR MAKE MODEL TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM												
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$												
COLL \$												
SYM/AGE												
COST NEW												
VEH # YEAR MAKE MODEL TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM												
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$												
COLL \$												
SYM/AGE												
COST NEW												
VEH # YEAR MAKE MODEL TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM												
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$												
COLL \$												
SYM/AGE												
COST NEW												
VEH # YEAR MAKE MODEL TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM												
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$												
COLL \$												
SYM/AGE												
COST NEW												
VEH # YEAR MAKE MODEL TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM												
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$												
COLL \$												
SYM/AGE												
COST NEW												
VEH # YEAR MAKE MODEL TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM												
CITY, STATE, ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE												
UNDER 15 MILES PLEASURE												
OVER 15 MILES FARM												
COMM'L CHECK COVERAGES												
RETAIL LIAB												
SERVICE PIP												
ADD'L PIP												
MED PAY												
UNINS MOTOR												
UND'RINS MOTOR TOWING & LABOR SPEC C OF L												
F FT												
LSP COMP												
DEDUCTIBLES AA												
ACV ST AMT												
COMP \$												
COLL \$												
SYM/AGE												
COST NEW												

P.5  
0008

JUL 12 2001 3:22PM  
LASERJET 3200  
URBAN MOVING SYSTEMS  
08/25/01 MON 14:59 FAX 518 827 4458  
08/01/00 TUE 13:44 FAX 212 864 1270

TW80TA2  
TIME 20:39:27

CUST. TYPE: N

CUSTOMER NUMBER AND NAME:  
0000022510 URBAN MOVING SYSTEMS, INC.  
312 PAVONIA AVENUE #1

JERSEY CITY

NJ 07302

VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT  
BUSINESS TYPE: M BROKER NBR: 135  
FOR POLICY NUMBER: BA02251800  
POLICY DATES 08/05/99 TO 08/05/00

AGENT NBR: 00000000

PRODUCER NUMBER AND NAME:  
135 A.E. GOETTELMAH & CO., INC.  
P.O. BOX 4106  
MAHIASETT NY 11030 4308

PAGE 64  
DATE 07/31/00

08/01/00 00:10:30  
VANLINER  
TUE 14:38  
10:50:11  
00:00  
1987 ON TX/RX NO 0000

	OPEN RESERVES	TOTAL PAYMENTS INCURRED LOSS	POTENTIAL DEDUCTIBLE	TOTAL RECOVERED	NET INCURRED
POLICY YEAR: 99					
TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO					
COVERAGE TYPE: BI/PD LIABILITY					
OPEN					
DEDUCTIBLE	0.00	0.00	0.00	0.00	10600.00
4 RESERVES	10600.00	0.00	0.00	0.00	5916.77
8 RESERVES	0.00	5916.77	0.00	0.00	5916.77
CLOSED		5916.77			
POLICY YEAR: 99					
TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO					
COVERAGE TYPE: COLLISION					
OPEN					
DEDUCTIBLE	1000.00	0.00	0.00	0.00	0.00
0 RESERVES	0.00	0.00	0.00	0.00	1610.25
2 RESERVES	0.00	1610.25	0.00	0.00	1610.25
CLOSED		1610.25			
5 CLAIMS	10600.00	7527.02	0.00	0.00	18127.02
TOTAL FOR POLICY NUMBER BA02251800		18127.02			

P. 6  
0007

TIME 20:39:27

VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT  
CUST. TYPE: N BUSINESS TYPE: H BROKER NBR: 135 AGENT HBR: 00000000  
FOR POLICY NUMBER: 8A02251800  
POLICY DATES 08/05/99 TO 08/05/00

PAGE 63  
DATE 07/31/00

CUSTOMER NUMBER AND NAME:  
0000022518 URBAN MOVING SYSTEMS, INC.  
312 PAVONIA AVENUE #1

PRODUCER NUMBER AND NAME:  
135 A.E. GOETTELHANN & CO., INC.  
P.O. BOX 4308  
MANHASSETT NY 11030 4308

JERSEY CITY

NJ 07302

COMPANY 01 VANLINER INSURANCE COMPANY  
L.O.B. 03 COMMERCIAL AUTO

CLAIM NUMBER	CLAIMANT	CLAIM STATUS	REPORT DATE	OPEN IND.	IND. PAID	TOTAL IN. IND.	RECOVER
LOSS DATE	EMPLOYER/DRIVER NAME	ACCIDENT LOCATION		OPEN EXP.	EXP. PAID	TOTAL IN. EXP.	NET INCURRED
	DESC. OF CLAIM			TOTAL RESERVE	TOTAL PAID	TOTAL INCURRED	
99-128800		CLOSED	01/10/00	0.00	2512.76	2512.76	0.00
09/01/99		RIDGEFIELD	NJ 07000	0.00	0.00	0.00	
				0.00	2512.76	2512.76	2512.76

VA ACTION OTHER TYPE LOSS  
C PD LOSS - BI/PD LIABILITY

CLMT #1  
CLMT #2  
CLMT #3  
CLMT #4  
CLMT #5  
CLMT #6

b6  
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JUL 12 2001 3:22PM H LASERJET 3200

06/25/01 MON 14:59 FAX 518 627 4458  
08/01/00 TUE 13:44 FAX 212 684 1270

08/01/00 TUE 14:38  
VANLINER  
TX/RX NO 71981 0007

F-1-1-13

.74807A2  
TIME 20:39:27

VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT  
 CUST. TYPE: M BUSINESS TYPE: M BROKER NBR: 135 AGENT NBR: 00000000

PAGE 52  
DATE 07/31/00

FOR POLICY NUMBER: BAO2251800  
POLICY DATES 08/05/99 TO 08/05/00

CUSTOMER NUMBER AND NAME:  
0000022518 URBAN MOVING SYSTEMS, INC.  
312 PAVONIA AVENUE #1

PRODUCER NUMBER AND NAME:  
135 A.E. GOETTELMAH & CO., INC.  
P.O. BOX 4308  
MANHASSETT NY 11030 4308

JERSEY CITY HJ 07302

COMPANY 01 VANLIER INSURANCE COMPANY  
L.O.B. 03 COMMERCIAL AUTO

CLAIM NUMBER	CLAIMANT	CLAIM STATUS	REPORT DATE	OPEN IND.	IND. PAID	TOTAL IN. IND.	RECOVERY
LOSS DATE	EMPLOYER/DRIVER NAME	ACCIDENT LOCATION		OPEN EXP.	EXP. PAID	TOTAL IN. EXP.	
	DESC. OF CLAIM			TOTAL RESERVE	TOTAL PAID	TOTAL INCURRED	NET INCURRED

99-124929		CLOSED	09/10/99	0.00	0.00	0.00	0.00
09/01/99		WANAQUE	NJ 07000	0.00	320.10	320.10	
	CLAIMANT ACTION OTHER TYPE LOS			0.00	320.10	320.10	120.10

CLMT #1 [REDACTED] CBI LOSS - BI/PD LIABILITY  
CLMT #2 [REDACTED]  
CLMT #3 [REDACTED]  
CLMT #4 [REDACTED]  
CLMT #5 [REDACTED]  
CLMT #6 [REDACTED]

99-121932		OPEN	09/07/99	10000.00	560.50	10560.50	0.00
08/08/99	UNK DRIVER	NEW YORK	NY 06300	600.00	70.00	670.00	
	VA ACTION OTHER TYPE LOSS			10600.00	630.50	11230.50	11230.50

CLMT #1 [REDACTED] OBI LOSS - BI/PD LIABILITY  
CLMT #2 [REDACTED] OBI LOSS - BI/PD LIABILITY  
CLMT #3 [REDACTED]  
CLMT #4  
CLMT #5  
CLMT #6

99-125793		CLOSED	10/07/99	0.00	2413.41	2413.41	0.00
09/11/99		LINCOLN PW	NJ 07000	0.00	40.00	40.00	
	VA LEAVING DRIVE ON LOT,HITBY			0.00	2453.41	2453.41	2453.41

CLNT #1  
CLNT #2  
CLNT #3  
CLNT #4  
CLNT #5  
CLNT #6

99-126365	URBAN MOVING SYSTEMS, INC.	CLOSED	10/21/99	0.00	1610.25	1610.25	0.00
08/05/99	[REDACTED]	WEEHAWKEN	NJ 07000	0.00	0.00	0.00	
	VA HTY BUILDING			0.00	1610.25	1610.25	1610.25

CLMT #1 URBAN MOVING SYSTEMS, INC. C COLLISION  
CLMT #2  
CLMT #3  
CLMT #4  
CLMT #5  
CLMT #6

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08/10/80 00:47 END 14:38  
VHALLINER 13:50HIN 00:01 0005  
RUS 01 00 (TX/RX NO 7198) 0005

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JUL 12 2001 3:22PM HILASERJET 3200  
06/25/01 MON 14:59 FAX 518 827 4458  
08/01/00 TUE 13:44 FAX 212 584 1270

P.8  
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7/80TA2  
TIME 20:39:27  
CUST. TYPE: N  
VANLINER INSURANCE COMPANY -  
BUSINESS TYPE: M  
FOR POLICY NUMBER: BA02251800  
POLICY DATES 08/05/98 TO 08/03/99  
CUSTOMER NUMBER AND NAME:  
0000022518 URBAN MOVING SYSTEMS, INC.  
312 PAVONIA AVENUE #1  
JERSEY CITY  
NJ 07302  
BROKER NBR: 135  
AGENT NBR: 00000000  
PRODUCER NUMBER AND NAME:  
135 A.E. GOETTMANN & CO., INC.  
P.O. BOX 4308  
NAHASSETT  
NY 11030 4308

PAGE 61  
DATE 07/31/00

	OPEN RESERVES	TOTAL PAYMENTS INCURRED LOSS	POTENTIAL DEDUCTIBLE	TOTAL RECOVERED	NET INCURRED
POLICY YEAR: 98					
TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO					
COVERAGE TYPE: COLLISION					
OPEN	DEDUCTIBLE 0 RESERVES	1000.00 0.00	0.00	0.00	0.00
		0.00	0.00	0.00	76.50
CLOSED	2 RESERVES	0.00 76.50	0.00	0.00	
POLICY YEAR: 90					
TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO					
COVERAGE TYPE: BI/PD LIABILITY					
OPEN	DEDUCTIBLE 3 RESERVES	0.00 6124.20	0.00	0.00	7088.60
		964.40 7088.60	0.00	0.00	0.00
CLOSED	1 RESERVES	0.00 0.00	0.00	0.00	
TOTAL FOR POLICY NUMBER BA02251800	2 CLAIMS	6124.20 7040.90 7165.10	0.00	0.00	7165.10

JUL 12 2001 3:22PM  
LASERJET 3200  
06/25/01 MON 14:58 FAX 510 827 4458  
08/01/00 TUE 13:43 FAX 212 664 1270

08/01/00 TUE 14:38  
TX/RX NO 71881 0005  
VANLINER  
REF:ET GEN. TO 504

P.5/13

P-9  
004

TH80YA2  
TIME 20:39:27

VAHLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT  
CUST. TYPE: H BUSINESS TYPE: H BROKER NBR: 135 AGENT NBR: 0000000  
FOR POLICY NUMBER: BAO2251800  
POLICY DATES 08/05/98 TO 08/05/99

PAGE 60  
DATE 07/31/00

CUSTOMER NUMBER AND NAME:  
0000022518 URBAN MOVING SYSTEMS, INC.  
312 PAVONIA AVENUE #1

PRODUCER NUMBER AND NAME:  
135 A.E. COETTELMAIN & CO., INC.  
P.O. BOX 4300  
MANHASSETT NY 11030 4300

JERSEY CITY NJ 07302

COMPANY 01 VAHLINER INSURANCE COMPANY  
L.O.B. 03 COMMERCIAL AUTO

CLAIM NUMBER	CLAIMANT	CLAIM STATUS	REPORT DATE	OPEN IND.	IND. PAID	TOTAL IN. IND.	RECOVERY
LOSS DATE	EMPLOYER/DRIVER NAME	ACCIDENT LOCATION		OPEN EXP.	EXP. PAID	TOTAL IN. EXP.	
	DESC. OF CLAIM			TOTAL RESERVE	TOTAL PAID	TOTAL INCURRED	NET INCURRED
99-122238	URBAN MOVING SYSTEMS, INC.	CLOSED	06/24/99	0.00	0.00	0.00	0.00
05/14/99		ELIZABETH	NJ 07000	0.00	76.50	76.50	
	CLAIMANT ACTION OTHER TYPE LOS			0.00	76.50	76.50	76.50

CLMT #1 URBAN MOVING SYSTEMS, INC. C COLLISION  
CLMT #2  
CLMT #3  
CLMT #4  
CLMT #5  
CLMT #6

99-122995		OPEN	07/16/99	6000.00	0.00	6000.00	0.00
05/14/99		ELIZABETH	NJ 07000	124.20	964.40	1088.60	
	CLAIMANT ACTION OTHER TYPE LOS			6124.20	964.40	7088.60	7088.60

CLMT #1  
CLMT #2  
CLMT #3  
CLMT #4  
CLMT #5  
CLMT #6

0 PD LOSS - BI/PD LIABILITY

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JUL 12 2001 3:22PM  
08/25/01 MON 14:58 FAX 518 627 4458  
08/01/00 TUE 13:43 FAX 212 684 1270

LASERJET 3200

FILED BY: 08/10/00  
10:43AM  
VAHLINER  
TUE 14:38  
08/01/00  
ITX/RX NO 71981 004

P-4-13



P.10  
003

THA0TA2  
TIME 20:39:27

VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT  
CUST. TYPE: H BUSINESS TYPE: H BROKER NBR: 135 AGENT NBR: 00000000  
FOR POLICY NUMBER: BA02251800  
POLICY DATES 08/05/97 TO 08/05/98

PAGE 59  
DATE 07/31/00

CUSTOMER NUMBER AND NAME:  
0000022518 URBAN MOVING SYSTEMS, INC.  
312 PAVONIA AVENUE #1

PRODUCER NUMBER AND NAME:  
135 A.E. GOETTELMAH & CO., INC.  
P.O. BOX 4308  
MANHASSETT NY 11030 4308

JERSEY CITY

NJ 07302

	OPEN RESERVES	TOTAL PAYMENTS INCURRED LOSS	POTENTIAL DEDUCTIBLE	TOTAL RECOVERED	NET INCURRED
POLICY YEAR: 97					
TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO					
COVERAGE TYPE: BI/PD LIABILITY					
OPEN	DEDUCTIBLE 0 RESERVES	0.00 0.00	0.00 0.00	0.00 0.00	0.00 1488.78
CLOSED	2 RESERVES	0.00 1488.78 1488.78			
TOTAL FOR POLICY NUMBER BA02251800	1 CLAIMS	0.00 1488.78 1488.78	0.00	0.00	1488.78

JUL 12 2001 3:23PM LASERJET 3200  
08/25/01 MON 14:58 FAX 616 627 4458  
08/01/00 TUE 13:43 FAX 212 664 1270

08/01/00 TUE 14:38 FAX/RX NO 71981 0003  
RENTALMA LINES:01 00. 10 504

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JUL 12 2001 3:23PM  
08/25/01 MON 14:57 FAX 516.627.4458  
08/01/00 TUE 13:42 FAX 212.327.4458

LASERJET 3200

P.11  
0002

T4907A2  
TIME 20:39:27 CUST. TYPE: IN BUSINESS TYPE: H BROKER NBR: 135 AGENT NBR: 00000000  
FOR POLICY NUMBER: BAQ2251800  
POLICY DATES 08/05/97 TO 08/05/98

PAGE 58  
DATE 07/11/00

CUSTOMER NUMBER AND NAME:  
0000022518 URBAN MOVING SYSTEMS, INC.  
112 PAVONIA AVENUE #1

PRODUCER NUMBER AND NAME:  
135 A.E. GOETTELMAHN & CO., INC.  
P.O. BOX 4308  
MARHASSETT NY 11030 4308

JERSEY CITY NJ 07302

COMPANY 01 VAHLINER INSURANCE COMPANY  
L.O.B. 03 COMMERCIAL AUTO

CLAIM NUMBER	CLAIMANT	CLAIM STATUS	REPORT DATE	OPEN IND.	IND. PAID	TOTAL IN, IND.	RECOVERY
LOSS DATE	EMPLOYER/DRIVER NAME	ACCIDENT LOCATION		OPEN EXP.	EXP. PAID	TOTAL IN, EXP.	
	DESC. OF CLAIM			TOTAL RESERVE	TOTAL PAID	TOTAL INCURRED	NET INCURRED
98-113837		CLOSED	10/07/98	0.00	1400.78	1400.78	0.00
07/25/98		JERSEY CY	NJ 07000	0.00	0.00	0.00	
	VA ACTION OTHER TYPE LOSS			0.00	1400.78	1400.78	1400.78

CLMT #1 C PD LOSS - BI/PD LIABILITY  
CLMT #2  
CLMT #3  
CLMT #4  
CLMT #5  
CLMT #6

b6  
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P.2/13

08/01/00 TUE 14:38  
VAHLINER  
MSG: 01 09. TO 500  
TX/RX NO 71981 0002

12

## Urban Moving Systems, Inc.

New Jersey Headquarters  
3, 18<sup>th</sup> Street  
Weehawken, NJ 07087  
(201) 558-0031

0215

New York Headquarters  
446 West 50<sup>th</sup> Street  
New York, NY 10019  
(212) 338-9267

[REDACTED]  
DeBellis Insurance Agency, Inc.  
VIA FACSIMILE: 973-661-9750

Re: Insurance proposal

Dear [REDACTED]  
Please review the following and call me to let me know if you need anything else.

b6  
b7c

Thank you,

[REDACTED]

$$\begin{aligned}\text{Liab} &= \$4,800 \times 7 = \$33,600 \\ \text{P.D} &= \$159,662 \times 4\% = \$6,400 + 3\% \\ &\quad + \$100\end{aligned}$$

---

\* Auto Quote \$40,292.

Cargo - BOR

CPKG - BOR

WC - BOR

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 mcl/p/ab/m

*Cargo*

*Cz*

Baldwin Sadler Corporation  
dba-CA-Baldwin Sadler Insurance Services  
National Managing Specialty Underwriters  
CA License 0B01356

PO Box 7001  
Ryersford, PA 19468-0841  
(610) 792-9100 (800) 227-9040  
(610) 792-9200

June 25, 2001

*201-558-0215*

Urban Moving Systems, Inc.  
3 18TH STREET  
WEEHAWKEN, NJ 07087

Re: Urban Moving Systems, Inc.  
(IH25623720; 16-AUG-00 to 16-AUG-01)

b6  
b7c

Dear

Baldwin Sadler Corporation is a national managing specialty underwriter for cargo insurance for The Hanover Insurance Company.

We have had no reported claims on the above captioned policy as of June 25, 2001.

Sincerely,

COPY

Transmit.txt

1 PAGE 1

LOSSES AS OF:06/30/2001 ACROSS ACCOUNTS - BY ACCOUNT  
 RUN DATE:07/05/2001 RMD DETAIL LOSS RUN

INSURED:URBAN MOVING SYSTEMS INC PRODUCER:0004J REPORTING OFFICE:0  
 4J  
 POLICY NUMBER: UB 688X6573 ACCIDENT PERIOD FROM: 01011990 TO 070520  
 01

CLAIMANT	ACCIDENT	O/	CLAIM	MEDICAL
INJURY CLASS	FILE NUMBER		AMOUNT	AMOUNT
CODES	CODE	ADJ PRE- CLAIM		
POLICY EFF.DATE:09/18/2000				

NO CLAIMS FOR THIS POLICY PERIOD

STATE:

AGE

0 0

*TOTAL STATE	NO. CLAIMS	0	0	0
	OPEN	0	0	0
	CLOSED	0	0	0

*TOTAL POLICY	NO. CLAIMS	0	0	0
---------------	------------	---	---	---

1

LOSSES AS OF:06/30/2001 ACROSS ACCOUNTS - BY ACCOUNT  
 RUN DATE:07/05/2001 RMD DETAIL LOSS RUN

Injury Code:	Class Code:
r of the	The code numbe
D-Death	manual classification u
nder which the	
P-Permanent Disability	employee is covered for
compensation	
M-Major Permanent Disability	
N-Minor Permanent Disability	
T-Temporary Total or Temporary Partial	Prefix CM claims will h
ave 0000 until	
X-Medical Claims	18 months after Policy
Eff Date	
7-Contract Medical or Hospital	
8-Closed Death Cases in CA	



DEBELLIS INSURANCE AGENCY, INC.  
492 FRANKLIN AVE.  
NUTLEY, NJ 07110  
973-661-1500  
FAX 973-661-9750

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
<input type="text"/>	<input type="text"/>
COMPANY:	DATE:
Urban Moving Systems	08/01/01
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
	01
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
<u>COMMERCIAL AUTO</u> <u>QUOTATION</u>	

b6  
b7c

NOTES/COMMENTS:

Per our conversation today please be advised I have obtained the following quotation on your commercial autos:

Liability Limit \$1,000,000  
Comprehensive & Collision Deductible \$1,000.

Total Annual Premium = \$40,292  
Deposit Required to Bind = \$10,073 (the balance of the premium can be financed on 9 monthly installments)

This indication is based on 7 units with total values of \$159,662.

The quotes for the Cargo, Warehouseman's Liability, and WC will be obtained shortly.

If there are any questions please contact my office.

Sincerely,

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322mc/2102/10/04

**Urban Moving Systems, Inc.**

New Jersey Headquarters  
3, 18<sup>th</sup> Street  
Weehawken, NJ 07087  
(201) 558-0031

New York Headquarters  
446 West 50<sup>th</sup> Street  
New York, NY 10019  
(212) 338-9267

Dehells Insurance

VIA FACSIMILE: 973-661-9750

b6  
b7C

Dear [REDACTED]

The informaon you requested is below. Please call me to confirm that you received them and that the application is on it's way.

Thank you [REDACTED]

Urban Moving Systems, Inc.

Urban Moving Systems, Inc.

MC 320465  
NYS Dot t-33739  
US Dot 691256  
PC 0076006

Max Movers, Inc.

MC 398463  
USDOT 923345

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/24/2005 BY 60322/UC/CPA/1/2





**URGENT****Urban Moving Systems, Inc.**

New Jersey Headquarters  
 3, 18<sup>th</sup> Street  
 Weehawken, NJ 07087  
 (201) 558-0031

Call ext 100  
 201-558-0315 Fax

New York Headquarters  
 446 West 50<sup>th</sup> Street  
 New York, NY 10019  
 (212) 338-9267

DeBellis Insurance Agency, Inc.  
 [Redacted]

VIA FACSIMILE: 973-661-9750

b6  
 b7c

Dear [Redacted]

Here is a revised list of trucks that we need covered by our policy. I apologize for the mix-up. Please give me a call so we can go over the details.

Thank you

[Redacted]  
 Urban Moving Systems, Inc.

**Revised Vehicle Schedule**

Year of	Year	Make	Model	Vehicle ID	Cost New
1	2000	GMC	Van	1GCEG15W4Y1142815	\$ 20,935.00
2	1999	INTERNATIONAL	TRUCK	1HTSCAAM5X675087	\$ 42,259.00
3	1994	INTERNATIONAL	TRUCK	1HSDPPN9RH559152	\$ 26,000.00
4	1993	FORD	TRUCK	1FDNK72CXPVA20054	\$ 15,000.00
5	2001	FREIGHTLINER	TRUCK	1FVABPAL91HH68277	\$ 69,837.21
6	2001	INTERNATIONAL	TRUCK	1HISCAAM01H393754	\$ 63,964.60

**GVW**

25,500

25,500

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 7/14/2005 BY 60322 JAL/CPA/lra

\* Total Value = \$ 237,995 x 4% =  
 \$9520.



Annual Receipts: \$1,168,970.00

Radius:

- 90% 300 miles
- 8% 120 miles
- 2% 2500 miles

please also include coverage

for  \$

Suburban Moving & Storage (liability only)

DBA - Searchmovers.com

DBA - Boxes n Stuff, com

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

- these are add ons to our policy. They are under the same financial control as Urban Moving & employ the same people. Please call me if you have any questions.

Thank,



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b7C

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

**Warehouse Insurance**

*for*  
*Urban as well*  
*as*

b6  
b7C

**Square footage: 16,000**

**Construction: concrete cinder blocks**

**Total value of items stored: \$250,000**

**Security: closed circuit t.v. system and audio recording**

**Who has access: warehouse personnel, storage manager**

**Sprinklers: yes**

**Alarm System: ADT security linked to local police station 1 block from premises**

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

481-0837 (09/99)

**HANOVER INSURANCE COMPANY**  
Worcester, Massachusetts

**MOTOR TRUCK CARGO COVERAGE PART**

This endorsement, effective 8/16/00 (12:01 A.M., standard time), forms a  
part of Policy No. IHZ5623720

issued to Urban Moving Systems, Inc.

by Hanover Insurance Company.

  
Authorized Representative

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b7c

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Part I Applies to All Insureds

Parts II through XI Apply Only if Checked Below:

- ☐ Part II Spoilage or Freezing
- ☐ Part III Owner's Goods Extension - Insured's Merchandise
- ☐ Part IV Owner's Goods Extension - Extended Coverage Period
- ☐ Part V Specified Perils Including Theft
- ☐ Part VI Specified Perils Excluding Theft
- ☐ Part VII Theft From Locked Vehicle (Only)
- ☐ Part VIII Reduced Theft Limit On Target Commodities
- ☐ Part IX Theft of An Entire Load (Only)
- ☐ Part X Theft From "Unattended" Vehicle Exclusion
- ☐ Part XI Vehicle Alarm Warranty

481-0837 (09/99)

**CONTINENTAL CASUALTY COMPANY**

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

**GENERAL SECTION****A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**B. Who Is Insured**

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

**C. Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational dis-

ease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

**D. State**

State means any state of the United States of America, and the District of Columbia.

**E. Locations**

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE - WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay promptly when due the benefits required of you by the workers compensation law.

**C. We Will Defend**

We have the right and duty to defend, at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

**D. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

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**PART I GENERAL TERMS AND CONDITIONS**

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

This coverage part, Part I, replaces the "Conditions" on the reverse of the Declarations Page (if any).

Other words and phrases that appear in quotation marks have special meaning. Refer to Section G - DEFINITIONS.

**A. COVERAGE**

We will pay for "loss" to Covered Property from any of the Covered Causes of Loss.

1. **Covered Property**, as used in this Coverage Form, means property of others that you have accepted for transportation as a common or contract motor carrier under your tariff and bill of lading or shipping receipt issued by you, or as a contract carrier under contract.

We cover property only while:

- a. contained in or on any land vehicle while in "transit" and/or during "loading" or "unloading;" or
- b. at premises.

But, we cover property only at premises shown in the Declarations; coverage does not apply to property for which a storage charge is made.

**2. Property Not Covered**

Covered Property does not include:

- a. accounts, bills, blueprints, currency, deeds, evidences of debt, money, notes, securities, commercial paper or other documents of value;
- b. bullion, gold, silver, platinum or other precious alloys or metals, jewelry, watches, precious or semiprecious stones or similar valuable property;
- c. furs;
- d. paintings, statuary and other works of art;
- e. "intermodal" containers, trailers or other carrying conveyance;
- f. live animals, birds or fish except as follows:

We only cover your liability for theft or death or destruction directly resulting from or made necessary by fire, smoke, explosion, rioters, strikers, civil commotion, flood, or by collision upset or overturn of the vehicle

carrying the property, if these causes of "loss" would be covered under this Coverage Form;

- g. contraband, or property in the course of illegal transportation or trade;
- h. pads, tarpaulins, handtrucks, chains, tiedowns and similar equipment used on or in connection with vehicles you own or operate.

**3. Covered Causes of Loss**

Covered Causes of Loss means your legal liability as a common or contract motor carrier, either as imposed by law or assumed by contract, for Direct Physical "Loss" to Covered Property except those Causes of "Loss" listed in the Exclusions.

**4. Coverage Extensions****a. Earned Freight Charges**

We cover your earned freight charges that you are unable to collect as a result of a "loss" covered by this Coverage Form. The most we will pay in any one occurrence is \$3,000. This limit is separate from the Limits of Insurance shown in the Declarations.

**b. Debris Removal**

- (1) We will pay your expense to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us within 180 days of the earlier of

- (a) the date of direct physical "loss;" or
- (b) the end of the policy period.

- (2) The most we will pay under this coverage is 10% of the applicable Limit of Insurance for direct physical "loss" to Covered Property, up to a maximum of \$6,000 for the sum of all such expenses for each occurrence. The Debris Removal Limit is separate from the Limit of Insurance stated elsewhere in the policy.

**c. Reloading Expense**

If Covered Property is spilled as a result of an accident to the conveying vehicle, we will pay your expense to reload the Covered Property. This coverage applies when there is no "loss" to the Covered Property. The most we will pay in any one occurrence is \$6,000. This limit is separate from the Limits of Insurance shown in the Declaration.

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The additional coverages for Debris Removal and Reloading Expenses do not apply to the cost to:

- (a) extract "pollutants" from land or water; or
- (b) remove, restore or replace polluted land or water.

## B. EXCLUSIONS

1. We will not pay your liability for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss."

### a. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Part.

### b. Nuclear Hazard

- (1) any weapon employing atomic fission or fusion; or
- (2) nuclear reaction of radiation, or radioactive contamination from any other cause. But we will pay for direct "loss" caused by resulting fire if the fire would be covered under this Coverage Form.

### c. War and Military Action

- (1) war, including undeclared or civil war;
- (2) warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay your liability for a "loss" caused by or resulting from any of the following:

- a. delay, loss of use, loss of market or any other consequential loss.
- b. dishonest acts by you, your employees or authorized representatives (including operators under contract to you).

This exclusion applies whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment.

- c. spoilage, deterioration, contamination, freezing, rusting, extremes of temperature, shrinkage, evaporation, loss of weight, or change in flavor, finish or texture.

But we will pay your liability for direct "loss" caused by fire, explosion, smoke, riot or civil commotion, vandalism or malicious mischief, theft, collision, flood, upset or overturn of the transporting conveyance.

3. We will not pay your liability for a "loss" caused by or resulting from any of the following. But if "loss" by a Covered Cause of Loss results, we will pay for the resulting "loss."

- a. Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause in event excluded in paragraph 1 above to produce the "loss."
- b. Wear and tear, any quality in the property that causes it to damage or destroy itself, insects, vermin and rodents.

4. We will not pay for any costs or penalties you incur for violation of any law or regulation that applies to your delay in payments, denial or settlement of any claim made against you by others for "loss" to Covered Property.

## C. LIMITS OF INSURANCE

1. The most we will pay for "loss" in any one occurrence is the applicable Limits of Insurance shown in the Declarations.
2. The most we will pay for "loss" in any one occurrence to Race Horses, Show Animals, or High Valued Breeding Animals is 150% of the commodity meat price per pound on the day of the "loss" on the Chicago Mercantile Exchange.

## D. DEDUCTIBLE

We will pay only the amount of the adjusted "loss" in any one occurrence in excess of the Deductible amount shown in the Declarations, up to the applicable Limit of Insurance.

## E. GENERAL CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

### 1. Coverage Territory

We cover property within:

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- a. the states of the United States (excluding Alaska);
- b. Canada

but we do not cover any property in transit to or from Hawaii.

## 2. Valuation

The value of property will be the least of the following amounts:

- a. 1. the amount for which you are liable;
- 2. the amount of invoice, or in the absence of an invoice, the actual cash value of that property as of the time of "loss;"
- b. the cost of reasonably restoring that property to its condition immediately before "loss;" or
- c. the cost of replacing that property with substantially identical property.

In the event of "loss," the value of property will be determined as of the time of "loss."

## 3. Labels

In the event of "loss" only at the identifying labels or wrappers containing the Covered Property, we will pay the cost to replace those labels or wrappers if the "loss" is caused by or results from a Covered Cause of Loss.

## 4. Concealment, Misrepresentation or Fraud

This Coverage Part is void in any case of fraud, intentional concealment or misrepresentation of a material fact, by you or any other Insured, at any time, concerning:

- a. this Coverage Part;
- b. the Covered Property;
- c. your interest in the Covered Property; or
- d. a claim under this Coverage Part.

## 5. Legal Action Against Us

No one may bring a legal action against us under this Coverage Part unless:

- a. there has been full compliance with all the terms of this Coverage Part; and
- b. the action is brought within 2 years after you first have knowledge of the "loss."

## 6. Records

You shall keep accurate records of your trucking business and all "gross receipts" from transporting the property covered by this Coverage Form. You

shall retain these records for three years after the policy ends.

## 7. Reimbursement to Us

We may endorse this policy at your request to comply with the requirements of the Interstate Commerce Commission or any other governmental authority.

If we pay any "loss" solely because of any such endorsement, you will promptly reimburse us for that payment and any other expense we have in connection with that payment.

## 8. Adjustment and Payment of Loss

At our option, we may adjust the "loss" with and pay to:

- a. you, for the account of whom it may concern; or
- b. your customer, or the owners of the Covered Property.

If legal actions are taken to enforce a claim against you, we reserve the right, at our option, without expense to you, to conduct and control your defense. This action will not increase our liability under your policy, nor increase the Limits of Insurance specified.

## 9. No Benefit to Bailee

No person or organization, other than you, having custody of Covered Property, will benefit from this insurance.

## 10. Policy Period

We cover "loss" commencing during the policy period shown in the Declarations.

## 11. Excess Insurance

You agree that no excess insurance over and above the Limits of Insurance of this policy shall be provided by any other policy.

## F. LOSS CONDITIONS

### 1. Abandonment

There can be no abandonment of any property to us.

### 2. Appraisal

If we and you disagree on the value of the property or the amount of "loss," either may make written demand for an appraisal of the "loss." In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having

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jurisdiction. The appraisers will state separately the value of the property and amount of "loss." If they fail to agree, they will submit their difference to the umpire. A decision agreed to by any two will be binding. Each part will:

- a. pay its chosen appraiser; and
- b. bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

### 3. Duties in the Event of Loss

You must see that the following are done in the event of "loss" to Covered Property:

- a. Notify the police if a law may have been broken.
- b. Give us prompt notice of the "loss." Include a description of the property involved.
- c. As soon as possible, give us a description of how, when and where the "loss" occurred.
- d. Take all reasonable steps to protect the Covered Property from further damage. If feasible, set the damaged property aside and in the best possible order for examination. Also keep a record of your expenses, for consideration in the settlement of the claim.
- e. Make no statement that will assume any obligation or admit any liability, for any "loss" for which we may be liable, without our consent.
- f. Permit us to inspect the property and records proving "loss."
- g. If requested, permit us to question you under oath, at such times as may be reasonably required, about any matter relating to this insurance or your claim, including your books and records. In such event, your answers must be signed.
- h. Send us a signed, sworn statement of "loss" containing the information we request to settle the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
- i. Promptly send us any legal papers or notices received concerning the "loss."
- j. Cooperate with us in the investigation or settlement of the claim.
- k. You must promptly make claim in writing against any other party who may be liable for the "loss."

### 4. Insurance Under Two or More Coverages

If two or more of this policy's coverages apply to the same "loss," we will not pay more than the actual amount of the "loss."

### 5. Loss Payment

We will pay or make good any "loss" covered under this Coverage Part within 30 days after:

- a. we reach agreement with you;
- b. the entry of final judgment; or
- c. the filing of an appraisal award.

We will not be liable for any part of a "loss" that has been paid or made good by others.

### 6. Other Insurance

If you have other insurance covering the same "loss" as the insurance under this Coverage Part, we will pay only the excess over what you should have received from the other insurance. We will pay the excess whether you can collect on the other insurance or not.

### 7. Pair, Sets or Parts

- a. Pair or Set. In case of "loss" to any part of a pair or set we may:
  1. repair or replace any part to restore the pair or set to its value before the "loss," or
  2. pay the difference between the value of the pair or set before and after the "loss."
- b. Parts. In case of "loss" to any part of Covered Property consisting of several parts when complete, we will only pay for the value of the lost or damaged part.

### 8. Privilege to Adjust with Owner

In the event of "loss" involving property of others in your care, custody or control, we have the right to:

- a. Settle the "loss" with the owners of the property. A receipt for payment from the owners of that property will satisfy any claim of yours.
- b. Provide a defense for legal proceedings brought against you. If provided, the expense of this defense will be at our cost and will not reduce the applicable Limit of Insurance under this insurance.

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#### PART FOUR — YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

#### PART FIVE — PREMIUM

##### A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

##### B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

##### C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. All your officers and employees engaged in work covered by this policy; and
2. All other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

##### D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

##### E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy

ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

##### F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

##### G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

#### PART SIX — CONDITIONS

##### A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While

they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

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**9. Recoveries**

Any recovery or salvage on a "loss" will accrue entirely to our benefit until the sum paid by us has been made up.

**10. Reinstatement of Limit After Loss**

The Limit of Insurance will not be reduced by the payment of any claim, except for total "loss" of a scheduled item, in which event we will refund the unearned premium on that item.

**11. Transfer of Rights of Recovery Against Others To Us**

If any person or organization to or for whom we make payment under this insurance has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "loss" to impair them.

You may accept bills of lading or shipping receipts issued by other carriers that limit their liability to less than the actual value of the property.

**G. Definitions**

"Loss" means accidental loss or damage.

"Gross receipts" means the total amount of receipts to which you are entitled for the packing, loading, unloading and transporting of Covered Property, regardless of whether you or another carrier originated the transportation.

"Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes material to be recycled, reconditioned or reclaimed.

"Transit" begins with the actual movement of the goods from the point of shipment bound for a specific destination. It remains in transit during the ordinary, reasonable and necessary stops, interruptions, delays or transfers incidental to the route and method of shipment, including rest periods taken by the driver(s). Transit ends upon acceptance of the goods by or on behalf of the consignee at destination, but shall not extend beyond 168 hours following arrival at destination.

"Intermodal" containers are containers used in combination with another mode of transportation, such as trailer on flatcar.

"Loading" means the lifting or moving of Covered Property from the ground, or a loading platform immediately adjacent to the transporting conveyance, onto the transporting conveyance.

"Unloading" means the lowering or moving of Covered Property from the transporting conveyance to the

ground, or a loading platform immediately adjacent to the transporting conveyance.

**H. Cancellation**

This policy may be cancelled by the Insured by surrender thereof to the Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter such cancellation shall be effective. This policy may be cancelled by the Company by mailing to the Insured at the address shown in this policy or last known address written notice stating when, not less than five (5) days thereafter, such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. The time of surrender or the effective date of the cancellation stated in the notice shall become the end of the policy period. Delivery of such written notice either by the Insured or by the Company shall be equivalent to mailing.

If the Insured cancels, earned premiums shall be computed in accordance with the customary short rate table and procedure. If the Company cancels, earned premiums shall be computed pro rata. Premium adjustment may be made at the time cancellation is effected and, if not then made, shall be made as soon as practicable after cancellation becomes effective. The Company's check or the check of its representative mailed or delivered as aforesaid shall be a sufficient tender of any refund of premium due to the Insured.

**I. Changes**

Notice to any agent or knowledge possessed by any agent or by any other person shall not effect a waiver or a change in any part of this policy or estop the Company from asserting any right under the terms of this policy, nor shall the terms of this policy be waived or changed, except by endorsement issued to form a part of this policy.

**J. Conformity to Statute**

Terms of this policy which are in conflict with the statutes of the State wherein this policy is issued are hereby amended to conform to such statutes.

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**PART II SPOILAGE OR FREEZING**

We will pay for "loss" to Covered Property caused by spoilage or freezing due to mechanical or electrical breakdown of refrigeration or heating equipment, while on vehicles you own or operate, subject to the following additional conditions:

We will not pay for spoilage or freezing due to:

1. lack of fuel required to operate refrigeration or heating equipment;
2. disconnecting or unplugging refrigeration or heating equipment, or termination of power by turning off switches or similar devices;
3. failure to perform proper "maintenance" of the cooling or heating equipment according to manufacturer's recommended schedule.

"Maintenance" means:

1. to inspect cooling and heating equipment by you or your qualified representative at least once every 30 days;
2. repair or replace equipment as necessary;
3. record maintenance activities. These records will be available to us upon request.

**PART III OWNER'S GOODS EXTENSION - INSURED'S MERCHANDISE**

We provide coverage for loss or damage to your lawful goods and merchandise. The property must be in your custody and actually in "transit," in or on vehicles operated by you.

We do not cover your property while:

1. in or on your premises;
2. in any garage or other building where your vehicle(s) are usually kept.

Such merchandise shall be valued at amount of invoice, or in the absence of invoice, at market value on date and at place of shipment.

Our liability shall not exceed the limits specified in the policy declarations for:

1. the property of others for which you are legally liable;
2. the value of your own goods; or
3. both combined.

**PART IV OWNER'S GOODS EXTENSION - EXTENDED COVERAGE PERIOD**

Coverage on your property attached upon "loading" and ceases when "unloaded."

"Loading" means the lifting or moving of the Covered Property from the ground or loading platform immediately adjacent to the transporting vehicle onto the transporting vehicle.

"Unloading" means the lowering or moving of the Covered Property from the transporting vehicle to a loading platform or the ground immediately adjacent to the transporting vehicle. It is "unloaded" and coverage ceases when property has been lowered to or placed upon the ground or loading platform.

We will not cover property while it is being installed, erected or dismantled.

**PART V SPECIFIED PERILS INCLUDING THEFT**

Clause A.3. COVERED CAUSES OF LOSS is replaced by the following:

Covered Causes of Loss means your legal liability as a common or contract motor carrier, either as imposed by law or assumed by contract for "loss" to Covered Property caused by or resulting from:

1. fire, explosion, windstorm;
2. collision of a cargo carrying vehicle with any other vehicle or object, excluding contact with any portion of the roadbed, or curbing, and excluding the coming together of railroad cars during shifting or coupling;
3. overturning of the cargo carrying vehicle;
4. collapse of bridges and culverts;
5. stranding, sinking, burning or collision of any regular ferry or railroad carfloat (including general average and salvage charges for which you may be liable);
6. "flood" means "loss" to property, but only while such property is in transit, caused by any of the following:
  - a. the overflow of any body of water;
  - b. the release of water impounded by a dam; or
  - c. any rapid accumulation or runoff of surface water.
7. theft of an entire shipping package.

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**PART VI SPECIFIED PERILS EXCLUDING THEFT**

Clause A.3. COVERED CAUSES OF LOSS is replaced by the following:

Covered Causes of Loss means your legal liability as a common or contract motor carrier, either as imposed by law or assumed by contract for "loss" to Covered Property caused by or resulting from:

1. fire, explosion, windstorm;
2. collision of a cargo carrying vehicle with any other vehicle or object, excluding contact with any portion of the roadbed, or curbing, and excluding the coming together of railroad cars during shifting or coupling;
3. overturning of the cargo carrying vehicle;
4. collapse of bridges and culverts;
5. stranding, sinking, burning or collision of any regular ferry or railroad carfloat (including general average and salvage charges for which you may be liable);
6. "flood" means "loss" to property, but only while such property is in transit, caused by any of the following:
  - a. the overflow of any body of water;
  - b. the release of water impounded by a dam; or
  - c. any rapid accumulation or runoff of surface water.

**PART VII THEFT FROM LOCKED VEHICLE (ONLY)**

We will not pay for "loss" caused by theft of Covered Property from "unattended" vehicles which you own or operate, unless:

1. at the time of "loss" the doors, windows and compartments of the vehicle(s) were closed and locked;
2. there are visible signs on the exterior of the vehicle that the theft was a result of forced entry.

**PART VIII REDUCED THEFT LIMIT ON TARGET COMMODITIES**

The most we will pay for "loss" caused by theft of alcoholic beverages (other than beer and wine), drugs and pharmaceuticals, electronics equipment, manufactured tobacco products, and precious metals and alloys, is 10% of the applicable Limit of Insurance, up to a maximum of \$25,000 in any one "loss."

**PART IX THEFT OF AN ENTIRE LOAD (ONLY)**

Theft coverage provided by your policy for Covered Property in or on vehicles is limited to "loss" caused by theft of an entire carload, truckload, trailerload or container, excluding theft by your employees or authorized representative (whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment).

**PART X THEFT FROM "UNATTENDED" VEHICLE EXCLUSION**

We will not pay for "loss" by theft of Covered Property from an "unattended" vehicle which you own or operate.

"Unattended" means (a vehicle) without a person on or in the vehicle, whose duty is to safeguard the vehicle and its cargo.

**PART XI VEHICLE ALARM WARRANTY**

We will not pay for any "loss" caused by theft of Covered Property from vehicles owned or operated by you, unless:

1. the vehicle(s) are equipped with a Theft Alarm System;
2. this alarm equipment is maintained in good working order at all times and inspected and approved at least once each 60 days by the manufacturer, or any of its authorized representatives, and proper inspection certificates issued;
3. the alarm equipment protecting the cargo compartment of each vehicle is in the "ON" position while merchandise is in the compartment, except while being loaded or unloaded;
4. during loading and unloading, at least one employee will attend the cargo compartment to guard the contents.

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**B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

**C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

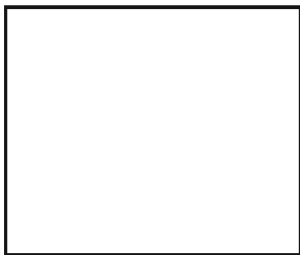
3. The policy period will end on the day and hour stated in the cancellation notice.

4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

In witness whereof, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut, and countersigned on the information page by a duly authorized agent of the company.



b6  
b7c

WC 00 00 00 (A)

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

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For All the Commitments You Make®

ALL INFORMATION CONTAINED  
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DATE 07-30-2010 BY UC60322LP/PLJ/CC

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 0001 ( A)

POLICY NUMBER: (6S59UB-674X651-5-00)

NJ TAX IDENTIFICATION NO.: 223511891000

NEW-00

INSURER: CONTINENTAL CASUALTY COMPANY

NCCI CO CODE: 10243

## 1. INSURED:

URBAN MOVING SYSTEMS INC  
3 18TH STREET  
WEEHAWKIN NJ 07087

## PRODUCER:

A E GOETTELMAHN & CO INC  
1208 NORTHERN BLVD  
PO BOX 1208  
MANHASSET NY 11030-4308

Insured Is A CORPORATION

Other work places and Identification numbers are shown in the schedule(s) attached.

2. The policy period is from 09-18-00 to 09-18-01 12:01 A.M. at the Insured's mailing address,
3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

NJ

- B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$	100000 Each Accident
Bodily Injury by Disease: \$	500000 Policy Limit
Bodily Injury by Disease: \$	100000 Each Employee

- C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE EXCLUDED.

- D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 10-20-00 HB

OFFICE: CNA

04J

ST ASSIGN: NJ

PRODUCER: A E GOETTELMAHN &amp; CO INC

725LW

2



For All the Commitments You Make®

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE-WC 00 00 01 ( A)

POLICY NUMBER: (6S59UB-674X651-5-00)

INSURER: CONTINENTAL CASUALTY COMPANY

10243-NJ

INSURED'S NAME: URBAN MOVING SYSTEMS INC

RATE BUREAU ID: 317266

EXP. MOD. EFFECTIVE DATE: 09-18-00

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 223511891 ENTITY CD 001				
NJ TAX IDENTIFICATION NO.: 223511891000				
URBAN MOVING SYSTEMS INC				
3.18TH STREET				
WEEHAWKIN, NJ 07087				
FURNITURE MOVING & STORAGE, DRIVERS	8293	236620	9.11	21556
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	.25	

---

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$	21556
CONTINGENT EXP MOD: 1.356 MODIFIED PREMIUM		29230
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		29230
6.00% PLAN PREMIUM ADJUSTMENT PROGRAM (0942)		1754
2.90% PREMIUM DISCOUNT (0064)		848
EXPENSE CONSTANT(0900)		160
8.80% 0935 NJ SECOND INJURY FUND SURCHARGE		2572
TOTAL ESTIMATED PREMIUM		32868
DEPOSIT AMOUNT DUE		32868

DATE OF ISSUE: 10-20-00 HB

ST.ASSIGN: NJ

SCHEDULE NO: 01 OF LAST



For All the Commitments You Make®

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 12 (00)

POLICY NUMBER: (6559UB-674X651-5-00)

**CONTINGENT EXPERIENCE  
RATING MODIFICATION FACTOR ENDORSEMENT**

The premium for this policy will be adjusted by an experience rating modification factor. The factor shown in the schedule is a Contingent Experience Rating Modification factor based on the appropriate experience data available and supersedes any prior experience modification factor. We will issue an endorsement to show a revised factor if appropriate additional experience data becomes available. The Contingent factor will apply unless a revised factor is subsequently issued.

## SCHEDULE

STATE

MODIFICATION

NJ

1.3560



DATE OF ISSUE: 10-20-00

ST ASSIGN: NJ

013018



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 29 04 07 (00)

POLICY NUMBER: (6S59UB-674X651-5-00)

**NEW JERSEY PREMIUM DISCOUNT ENDORSEMENT  
(SCHEDULE X)**

The New Jersey premium for this policy and the policies, if any, listed in Item 2 of the Schedule may be eligible for a discount. This endorsement shows the discount rates in item 1 of the Schedule. The final calculation of premium discount will be determined by our Manual and your New Jersey standard premium as determined by audit.

In certain cases where New Jersey retrospective rating applies, all of the premium may not be subject to retrospective rating. In such cases

So much of the New Jersey Standard Premium as is subject to retrospective rating shall not be subject to discount. The remainder is subject to discount and the discount is calculated as follows:

- (a) Determine the discount as though none of the Standard premium is subject to retrospective rating.
- (b) Determine the discount as though only the premium subject to retrospective rating is discounted.
- (c) The difference between (a) and (b) is the applicable premium discount.

**SCHEDULE**

1. **PREMIUM DISCOUNT.** The first \$5,000 of the Standard Premium shall be charged in full without discount, the next \$95,000 shall be subject to a discount of 3.5%, the next \$400,000 shall be subject to a discount of 5.0%, and the remainder shall be subject to a discount of 7.0%.
2. **OTHER POLICIES:**



## WORKSHEET FOR WORKERS' COMPENSATION TELEPHONE REPORTING

## THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:

Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL OF THE QUESTIONS

## ACCOUNT INFORMATION

CALLER'S PHONE NUMBER/EXTENSION ( )	CALLER'S NAME (FIRST, MI, LAST)	CALLER'S TITLE	BENEFIT STATE
EMPLOYER'S NAME	EMPLOYER'S ADDRESS (STREET, CITY, STATE & ZIP)	EMPLOYER'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) <input type="checkbox"/> SAME	
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	NATURE OF BUSINESS	POLICY FORM (6559UB-674X651-5-00)

## EMPLOYEE INFORMATION

EMPLOYEE'S NAME (FIRST, MI, LAST)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER
EMPLOYEE'S MAILING ADDRESS (STREET, CITY, STATE & ZIP)	IS EMPLOYEE'S HOME ADDRESS THE SAME? IF NO, STREET, CITY, STATE & ZIP <input type="checkbox"/> YES <input type="checkbox"/> NO	
MARITAL STATUS	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	NO. OF DEPENDENTS
CLASS CODE	DATE OF BIRTH	WAGE PERIOD
HOME PHONE NUMBER ( )		

## ACCIDENT INFORMATION

DATE OF INJURY	TIME OF INJURY A.M. P.M.	DATE CLAIM REPORTED TO EMPLOYER	WAS THE ACCIDENT ON THE EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION OF ACCIDENT ADDRESS (STREET, CITY, STATE & ZIP)			COUNTY	
DID EMPLOYEE LOSE ANY TIME FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE EMPLOYEE BACK AT WORK? IF YES, DATE RETURNED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE EMPLOYEE LAST WORKED	WAS EMPLOYEE PAID FOR DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE EMPLOYEE LAST PAID
DATE DISABILITY BEGAN	DATE DISABILITY ENDED	IS / WAS EMPLOYEE'S SALARY CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYEE'S INJURY RELATED TO A COMPANY-SPONSORED EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS ACCIDENT FATAL? IF YES, DATE OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO
FULL DESCRIPTION OF ACCIDENT				

CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)

IF MOTOR VEHICLE ACCIDENT, DRIVER'S LICENSE NUMBER STATE WHERE ISSUED

CONTRIBUTING FACTORS

EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED

IF OTHER PARTIES WERE INVOLVED  
NAME (FIRST, MI, LAST)

ADDRESS

PHONE NUMBER

WERE SAFEGUARDS PROVIDED?  
☐ YES ☐ NO

DESCRIPTION OF SAFEGUARDS

WERE SAFEGUARDS USED?  
☐ YES ☐ NO

WITNESS INFORMATION  
NAME (FIRST, MI, LAST)

ADDRESS

PHONE NUMBER

## INJURY INFORMATION

PART OF BODY INJURED (E.G. HEAD, NECK, ARM, LEG)	NATURE OF INJURY (E.G. FRACTURE, SPRAIN, LACERATION)	PREVIOUS RELATED CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRE-EXISTING MEDICAL CONDITION(S)
CUMULATIVE INJURY? IF YES, LENGTH OF EXPOSURE <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURE OF DUTIES	LENGTH OF TIME DOING ACTIVITY	
TREATMENT (*" ALL THAT APPLY") <input type="checkbox"/> FIRST AID -	NAME (FIRST, MI, LAST)	WHAT TYPE OF FIRST AID WAS ADMINISTERED?	1ST DAY OF TREATMENT
HOSPITAL/CLINIC - <input type="checkbox"/>	NAME AND ADDRESS (STREET, CITY, STATE & ZIP)	TREATMENT	LENGTH OF STAY
NAME AND ADDRESS (STREET, CITY, STATE & ZIP)	PHONE NUMBER	TREATMENT	SPECIALTY
PHYSICIAN - <input type="checkbox"/>	( )		1ST DAY OF TREATMENT

## WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS

## Alabama

Employee's county  
Employer's ID (U.C. Account) Number  
Specific product (e.g., tires)

## Alaska

Side of body affected (left or right)  
Employer's Alaska address (if different from mailing address)  
Date and time employee left work  
Scheduled days off  
Time workday began  
Was accident caused by failure of a machine or product?  
If injury was caused by a mechanical part, specify part  
If the accident was caused by anyone besides employee, give name and address  
If fatal, name and address of dependents  
If you doubt validity of claim, state reason  
Alaska Unemployment Insurance Account Number (U.I. Acct. No.)

## Arizona

Last date of work after injury  
Number of days per week company usually works  
Department number  
If validity of claim is doubted, state reason  
If another person not employed by company caused accident, give name and address  
Was worker in your employ when injured?  
Hours per day employee worked the day of injury  
Will work loss exceed 7 days?  
Was injured paid for the day of injury? (If yes, specify amount)  
Was employee hired for permanent employment?  
Number of months employment available during the year  
Is employee furnished lodging or board? (If yes, specify value)  
Does employee claim dependents?  
Actual gross earnings of employee for the 30 calendar days preceding injury  
Is employee paid other than fixed weekly or monthly salary?  
Does employee earn extra pay for overtime? (If yes, basis of payment/hourly amount)  
Number of hours overtime considered normal per week  
Has injured been employed for more than 12 months?  
Gross wages of employee during 12 months preceding injury (from-through/amount)  
Gross wages of employee from date of hire through date of accident  
Has employee received a wage increase within 12 months prior to injury? (If yes, specify date, wage/per before and wage/per after increase)  
Gross earnings from date of increase through day prior to injury  
Was employee in overtime when injured?

## California

State Unemployment Insurance Account Number  
Type of employer (private/state/city/county/school district/other government)  
Was employee unable to work for at least one full day after the date of injury?  
Date employee was provided claim form

## Colorado

How long has employee worked for this employer?  
Employee's length of experience at this assignment  
Years of education completed (6 to 20)  
Number of employees  
If employee has not returned to work, estimate date of return  
Did injury occur because of intoxication, failure to use safety devices, failure to obey rules?  
Will benefits continue during disability?  
If employee's health insurance benefits discontinue, what will the weekly cost be for continuing such benefits?  
If fatal, give name, relationship and address of closest dependent of deceased  
Is employee receiving overtime, commissions or piecework?

## Connecticut

Reason for report (lost time/medical-health care/occupational disease/correct prior report)  
Time employee's workday began  
Extent of accident/health and life coverage for employee  
For Occupational Disease: ☒  
Date of last exposure  
Date of diagnosis as occupationally related  
Employer's Registration Number (CRN)  
Was employee treated in an emergency room?

## Delaware

Employer's UC Reporting Number  
Employee's county  
If employee has returned to work, at same wage?

## District of Columbia

If employee has returned to work, at what time?  
Was injured hired in DC?  
Was injured given Form #7 DCWC?  
Piece or time worker

## Florida

Time injury was reported  
Rate of pay / per  
Was physician/hospital authorized by employer?  
Does the employer agree with the description of accident?  
Did the employee knowingly refuse to use safety equipment provided by you, the employer?  
Did the employee request medical care? (If yes, did the employer provide medical care?)

## Georgia

Specific products (e.g., tires)

## Hawaii

Was employee furnished meals or lodging?  
Monthly salary  
Department of Labor Number  
Medical deductible

## Idaho

If gratuities (tips, etc.) were received in the course of employment, estimate weekly value  
Length of time employed by you at this occupation  
If mechanical apparatus or vehicle caused injury, what part of it caused injury?  
Type of treatment (inpatient/outpatient)  
If fatal, name and address of nearest relative  
What was employee doing when the accident occurred?

## Illinois

Illinois Unemployment Compensation Number  
SIC Number  
Total number of employees at the location where illness or injury occurred  
Was employee given Industrial Commission Handbook?  
Did incident result in occupational injury or occupational disease?  
What unsafe act by a person caused or contributed to the injury or illness?

## Indiana

Number of lost workdays to date

## Iowa

Number of employees  
Was injury caused by failure to use safety equipment or observe regulations?  
If employee has not returned to work, probable length of disability  
Is the injury expected to produce permanent disability?



## WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS

Does the employee receive either piecework or commission?  
Does the employee declare tips as income?  
Employer's Account Number

**New Hampshire**

If under age 18, is there a Child Labor Employment Certificate on file?  
Was injured hired in New Hampshire?  
Piece or time worker  
Time disability began  
Has injured filed a Form 8a WCA?  
Part of machine on which accident occurred?  
Kind of power (e.g., hand, foot, electrical, steam, etc.)  
Was accident caused by injured's failure to use or observe safety equipment or regulation?  
Probable length of disability  
If employee has returned to work, at what time?  
Federal I.D. Number  
Has employee returned to full or light duty?  
Initial treatment (none, employer, emergency, hospitalized, outpatient, clinic or office visit)  
If employee is a leased or temporary worker, client's business name  
Is there a managed care program? (If yes, name of provider)  
Is there a written safety program in force?  
Is there an active safety committee?  
Number of employees, full time and part time  
SIC Code

**New Jersey**

Number of employees  
Was employee unable to work on any day after the injury?  
SIC Number  
Employer's Registration Number

**New Mexico**

Federal ID Number  
NM Unemployment Insurance Number  
Does your business have a safety program? (If yes, specify administered period - weekly/monthly/ annually/other - if other, specify)  
Highest educational level attained  
Total lost work days  
If occupational illness, date diagnosed and description of diagnosis  
Was employee under the influence of drugs/alcohol? (Yes/no/ unknown)

**New York**

Code Number  
NYS U.I. Employer Registration Number  
Total earnings paid during 52 weeks prior to date of accident (include bonuses, overtime, value of lodging, etc.)  
Did employer provide medical care? (If yes, when?)  
Has the injury/illness been previously reported on Form C-2.1?  
Indicate days of week that employee regularly works  
If fatal, name, address and relationship of nearest relative

**North Carolina**

Employer Code Number  
Time disability began  
Kind of power (hand, foot, electrical, steam, etc.)  
Part of machine on which injury occurred  
Was accident caused by injured's failure to use or observe safety equipment or regulation?  
Probable length of disability  
If employee has returned to work, at what time?

**North Dakota**

Will employee be off the job for five or more consecutive days?  
Time employee left work due to this injury  
Time workday began on the day of injury  
If employee has not returned to work, estimate date of return  
Employee's gross total earnings for the past 52 weeks

List each dependent under age 18, or under age 22 if attending school, or incapable of self support (name, birth date and relationship)  
Exact location of injury (e.g., plant, department, building, etc.)  
Workers Compensation Account Number  
Season length (in months)

**Ohio**

Time accident reported to employer  
Has employee ever filed a previous application for this injury?  
Has employee filed any other claims with the Bureau or Industrial Commission? (If yes, specify claim number and body parts)  
Employee's county  
Employer's Risk Number  
If under your employ for less than 12 months prior to injury, list former employers, dates of employment, wages and number of weeks

**Oklahoma**

SIC Number

**Oregon**

Education (number of years completed, or GED)  
Side of body affected (left or right)  
Department regularly employed  
Type of employer (individual/corporation/partnership/other)  
Is worker an owner or corporate officer?  
Did injury occur during the course of employment?  
Was accident caused by failure of machinery or product?  
Did someone (not worker) cause accident?  
Time worker left work  
Explain if number of hours per shift or week varies  
Scheduled days off

**Pennsylvania**

Employer's Unemployment Compensation Reporting Number  
If employee has returned to work, at what wage?  
Employee's county  
If employee is under age 18, Certificate Number and occupation for which issued  
Did injury occur because of mechanical defect or unsafe act?  
Was employee amputated?

**South Dakota**

Federal ID Number  
Unemployment Number  
SIC Code Number  
Number of employees  
Is the employee an officer or partner?  
Time workday began  
Exemption information (employee/spouse/over 65/blind/other dependents)  
Does employee receive pay in kind? (If yes, explain)  
Type of treatment (outpatient, emergency room or in house)  
Injury Codes:  
Body part injured (2 digits)  
Cause of injury (2 digits)  
Nature of injury (2 digits)

**Tennessee**

Federal ID Number  
If paid on other than a time basis, such as piece work or commissions, indicate method and actual average weekly earnings  
If board, lodging or other advantages were furnished in addition to wages, state nature and estimated weekly value  
If employee has returned to work, at what wage?  
If fatal, name and address of nearest relative

**Texas**

Federal Tax ID Number  
Does the employee speak English? (if no, specify language)  
Employee's mailing county  
If married, spouse's name



POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE IS PROVIDED IN THE
CX10568264	08/05/00	08/05/01	PROVIDENCE WASHINGTON INSURANCE COMPANY

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

Agent # 3100154

BUSINESS DESCRIPTION: TRUCKER

### DESCRIPTION OF PREMISES:

Prem. Bldg.  
No. No. Location Construction/Use Protection and Occupancy

SEE SCHEDULE ATTACHED

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Limit of Insurance	Coverage	Causes of (2) Loss Form	Coinurance (1)
--------------	--------------	-----------------------	----------	----------------------------	----------------

SEE SCHEDULE ATTACHED

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
--------------	--------------	----------	--	---------------------------------	--------------------

SEE SCHEDULE ATTACHED

### OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
--------------	--------------	----------------------	------------------------	--	--------------------------------	--

SEE SCHEDULE ATTACHED

### DEDUCTIBLE:

SEE SCHEDULE ATTACHED

### MORTGAGE HOLDERS:

Refer To Mortgagee/ Loss Payee Schedule.

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

Refer To Forms Schedule

FEES AND SURCHARGES \$

TOTAL PREMIUM FOR THIS COVERAGE PART \$ 100.00

(1) Coinurance % Extra Expense % Limits on Loss Payment or Value Reporting Form Symbol (2) EQ (if shown) = Earthquake

07/10/2000

Counter Signature Date

Authorized Representative



POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE IS PROVIDED IN THE
CX10568264	08/05/00	08/05/01	PROVIDENCE WASHINGTON INSURANCE COMPANY

## COMMERCIAL PROPERTY SUPPLEMENTAL DECLARATION

Agent/ 31001540

### DESCRIPTION OF PREMISES:

Prem No.	Bldg No.	Location, Occupancy, Fire Protection/Construction
002	001	3-18TH STREET WEEHAWKEN, NJ 07087
		WAREHOUSE-NO
		PG 03 JOISTED MASONRY

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Limit of Insurance	Prem No.	Bldg No.	Coverage	Causes of (2) Loss Form	Coinsurance (1)	Premium
25,000	002	001	YOUR PERSONAL PROPERTY	SPECIAL	80%	74

### OPTIONAL COVERAGES:

Prem No.	Bldg No.	Coverage	Agreed Value Amount	Replacement Expiration Date	Infl. Stock	Inflation Guard %
002	001	YOUR PERSONAL PROPERTY			(X)	

### OPTIONAL COVERAGES:

Prem No.	Bldg No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
----------	----------	----------------------	------------------------	--	--------------------------------	--

**DEDUCTIBLE:** \$1000 Other Than Earthquake  
Deductible Exceptions:

(1) Coinsurance % If Extra Expense Coverage Limits on Loss Payment (2) EO (if shown) Earthquake

†† Applies to Business Income Only



POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE IS PROVIDED IN THE
CX10568264	08/05/00	08/05/01	PROVIDENCE WASHINGTON INSURANCE COMPANY

# **COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Agent# 3100154

Form of Business: ☐ Individual ☐ Partnership ☒ Corporation  
☐ Joint Venture ☐ Limited Liability Co. ☐ Other

Business Description: TRUCKER

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE ATTACHED

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.

## **LIMITS OF INSURANCE**

\$ 2,000,000	General Aggregate Limit (Other Than Products-Completed Operations)
\$ 2,000,000	Products/Completed Operations Aggregate Limit
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 1,000,000	Each Occurrence Limit
\$ 1,000,000	Fire Damage Legal Liability (Any One Fire)
\$ 5,000	Medical Expense Limit (Any One Person)

## **AUDIT PERIOD: ANNUAL, UNLESS OTHERWISE STATED:**

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./Ops.	Prod./Comp. Ops.	Prem./Ops.	Prod./Comp. Ops.
SEE SCHEDULE ATTACHED						

## **FEES AND SURCHARGES:**

\$ 5.00

## **TOTAL PREMIUM FOR THIS COVERAGE PART:**

\$ 1,699.00

## **FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:**

Refer To Forms Schedule.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

07/10/2000

Countersignature Date

Authorized Representative

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POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE IS PROVIDED IN THE
CX10568264	08/05/00	08/05/01	PROVIDENCE WASHINGTON INSURANCE COMPANY

**COMMERCIAL GENERAL  
LIABILITY COVERAGE PART  
SUPPLEMENTAL SCHEDULE**

Agent# 3100154

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops	Prod./ Comp. Ops	Prem./ Ops	Prod./ Comp. Ops
NEW JERSEY Territory 019 Prem. No. 002 WAREHOUSE-NOC PROD/COMP OP SUBJ TO GEN AGG LIMIT	99938	27500 PAYROLL PER 1000	53.251	INCL	1,464	INCL
NEW YORK Territory 001 Prem. No. 001 BLDG/PREMS-OFFICE-NOC-EP PROD/COMP OP SUBJ TO GEN AGG LIMIT	61226	500 AREA PER 1000	470.939	INCL	235	INCL



PROVIDENCE WASHINGTON INSURANCE CO  
LOCATIONS SCHEDULE

POLICY# CX10568264  
URBAN MOVING SYSTEMS, INC.  
312 PROVONIA AVENUE #1  
JERSEY CITY, NJ 07302

AGENT: A.E GOETTELMAHN & CO.  
# 31001540

Prem No.	Bldg No.	Street
001	001	445 WEST 50TH STREET (LIABILITY ONLY)

City	County	St	Zip
NEW YORK		NY	10019

002	001	3 18TH STREET
-----	-----	---------------

WEEHAWKEN		NJ	07087
HUDSON			

POLICY NUMBER: CX10568264

COMMERCIAL POLICY

## FORM SCHEDULE

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

## FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
FORM SCHP	12 96	PROPERTY FORMS SCHEDULE
FORM SCHL	12 96	LIABILITY FORMS SCHEDULE
IL0017	11 85	COMMON POLICY CONDITIONS
IL0023	04 98	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL0183	04 98	NEW YORK CHANGES-FRAUD
IL0208	04 98	NEW JERSEY CHANGES-CANCELLATION & NONRENEWAL
IL0268	07 00	NEW YORK CHANGES - CANCELLATION & NONRENEWAL
IL0935	08 98	EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

POLICY NUMBER: CX10568264

COMMERCIAL PROPERTY

## FORM SCHEDULE

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

## FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
CP0010	06 95	BUILDING AND PERSONAL PROPERTY COV FORM
CP0090	07 88	COMMERCIAL PROPERTY CONDITIONS
IL0003	04 98	CALCULATION OF PREMIUM

## FORMS APPLICABLE TO SPECIFIC PREMISES AND COVERAGES

Form	Edition	Description
CP1030	06 95	CAUSES OF LOSS-SPECIAL FORM
PREMS 002 BLDG 001 YOUR PERSONAL PROPERTY		

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

POLICY NUMBER: CX10568264

COMMERCIAL LIABILITY

FORM SCHEDULE

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

## FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
CG0001	01 96	COMML GENERAL LIABILITY COV FM (OCCURRENCE)
CG0001	07 98	COMM GEN LIAB COV FORM-OCCUR VERSION
CG0104	04 97	NEW YORK CHANGES-PREMIUM AUDIT
CG0163	07 98	NY CHGES COMML GENL LIAB COVERAGE FORM.
CG2147	07 98	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2147	10 93	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	07 98	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2160	09 98	EXCL-YR 2000 COMPUTER-RELATED/ELECTRONIC PROB
CG2620	10 93	NJ CHANGES - LOSS INFORMATION
CG2621	10 91	NY CHANGES - TRANSFOER OF DUTIES WHEN A LIMIT
CG2624	08 92	NY CHANGES - LEGAL ACTION AGAINST US
CG2649	06 99	NJ CHGES-COV FO LIABILITY FOR HAZARDS OF LEAD
IL0003	04 98	CALCULATION OF PREMIUM
IL0021	04 98	NUCLEAR ENERGY LIABILITY EXCL ENDT
IL0021	11 85	NUCLEAR ENERGY LIABILITY EXCL ENDT
U9935	07 91	COMMERCIAL GENERAL LIABILITY

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HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC

9488N1069

NJ01

310

Audit Type: AS

Revision Type: O

Prorate: Yes

Estimated Exposure	Actual Exposure	Worksheet Link
--------------------	-----------------	----------------

\$	44,404	\$	86,574	URBANMOVING!\$E\$34
\$	153,195	\$	184,331	URBANMOVING!\$D\$34

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-30-2010 BY UC60322LP/PLJ/CC



Insured Name: URBAN MOVING SYSTEMS INC  
Policy Number: 6S59 UB 688X6573  
Policy Term: 09/18/2000 - 09/18/2001  
Audit Term: 09/18/2000 - 12/17/2000

SAI:  
Loc:  
Aud ID:

ST	Spn Date	Loc	Class	Ver	NY	Classification Description	Rate	Rate

ANNUALIZED PAYROLL EXPOSURES  
FOR YEAR ENDED 12/31/00  
FURNITURE MOVING & STORAGE,  
DRIVERS  
NJ 09/18/2000 001 01 8293 01  
8810 02 CLERICAL OFFICE EMPLOYEES NOC

ALL INFORMATION CONTAINED  
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DATE 07-30-2010 BY UC60322LP/PLJ/CC

# David MacGregor Co.

Company Name URBAN MOVING  
Address (888) 668-3787  
Phone Number 3 18th ST. WEEHAWKEN, NJ  
Company Name [REDACTED]  
Type of Business MOVING CO  
Effective Date AUG  
Current Business Cards & Folders [REDACTED]

b6  
b7C

Date & Time of Appointment WED JUNE 6 10:00  
Follow-up Date CALL TUES TO CONFIRM

Fax  
201-558-0215

6 TRUCKS.

HAS TWO OTHER  
BUSINESSES

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 [signature]

(Rev. 08-28-2000)

DATE: 07-30-2011  
CLASSIFIED BY: 60322LP/PLJ/CC  
REASON: 1.4 (C)  
DECLASSIFY ON: 07-30-2035

ALL INFORMATION CONTAINED  
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WHERE SHOWN OTHERWISE

~~SECRET~~

## FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 09/17/2001

To: Newark

Attn: IMA (Rotor), Squad C-9

From: Newark

C-9

Contact: SA [REDACTED]

Approved By: [REDACTED]

Drafted By: [REDACTED]

(S) Case ID #: (S)

Pending]

Title: (S)

Synopsis: (S)(u) Request sub-files for to captioned investigation.

(S)(u) Derived From : G-3  
Declassify On: X1

Details: (S)(u) On 09/14/2001, Newark Division, with the assistance of the New York Office (NYO), initiated an investigation predicated upon the detention of five (5) Israeli Nationals who may have possessed information about the terrorist incident targeting the "Twin Towers" of New York City's World Trade Center (WTC).

(S)(u) The following sub-files are requested to serve as repositories for the investigative information developed on the five (5) Israeli Nationals described herein:

Sub-file A:  
B:  
C:  
D:  
E:

[REDACTED]

(S)(u) Investigation at Newark continues.

DATE: 8/2/2005

CLASSIFIED BY: 60322 ANCL/CP/CP13/172

REASON: 1.4 (C)

DECLASSIFY ON: 8/2/2030

~~SECRET~~

ALL INFORMATION CONTAINED  
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WHERE SHOWN OTHERWISE

b1

~~SECRET~~

DATE: 07-30-2010  
CLASSIFIED BY UC60322LP/PLJ/CC  
REASON: 1.4 (C)  
DECLASSIFY ON: 07-30-2035

FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 09/17/2001

To: Newark

Attn: Squad C-9

From: Newark

C-9

Contact: SA [REDACTED]

Approved By [REDACTED]

Drafted By: [REDACTED]

(S) Case ID #: (S) [REDACTED]

Title: (S) [REDACTED]

Synopsis: (S)(u) Report [REDACTED] obtained.

Derived From : G-3  
Declassify On: X1

Administrative: (S)(u) The attached [REDACTED] were obtained  
pursuant to a criminal subpoena served on [REDACTED]

Details: (S)(u) On 09/14/2001, Newark Division, with the  
assistance of the New York Office (NYO), initiated an  
investigation predicated upon the detention of five (5) Israeli  
Nationals who may have possessed information about the terrorist  
incident targeting the "Twin Towers" of New York City's World  
Trade Center (WTC).

(S)(u) The attached [REDACTED] were obtained pursuant  
to a criminal subpoena served on [REDACTED]

(S)(u) According to the display windows of the  
telephones, the following telephone numbers correspond to the  
following individuals:

~~SECRET~~

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED EXCEPT  
WHERE SHOWN OTHERWISE

DATE: 8/2/2005  
CLASSIFIED BY: 60322 AUC/LP/CDA/vn  
REASON: 1.4 (C) (u)  
DECLASSIFY ON: 8/2/2030

b1

~~SECRET~~

b1

To: Newark From: Newark  
(S) Re: ~~(S)~~ [redacted] 09/17/2001

b6  
b7C

[redacted] (presumably  
(presumably  
(NFI)

(u) ~~(S)~~ Investigation at Newark continues.

♦♦

~~SECRET~~

DATE: 07-30-2010  
CLASSIFIED BY UC60322LP/PLJ/CC  
REASON: 1.4 (c)  
DECLASSIFY ON: 07-30-2035

~~SECRET~~

## FEDERAL BUREAU OF INVESTIGATION

Date of transcription 09/12/2001

[redacted] born [redacted] of [redacted]  
[redacted] Union City, New Jersey, was interviewed at her  
residence. After being advised of the identity of the interviewing  
agent and the nature of the interview, she provided the following  
information. (u)

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b7C

After being shown numbered photographs of [redacted]  
[redacted] born [redacted] (#1), [redacted] born [redacted] (#2),  
[redacted] born [redacted] (#3), [redacted] born [redacted]  
(#4) and [redacted] born [redacted] (#5), [redacted] stated she  
recognized the #4 [redacted] photograph. [redacted] believed she  
recognized [redacted] from standing in line for the bus at the Port  
Authority in New York, New York. (u)

Lead covered for control number 1148. (u)

DATE: 8/2/2005CLASSIFIED BY: 60322 Amc/LP/CPB/vta

REASON: 1.4 (c)

DECLASSIFY ON: 8/2/2030~~ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED EXCEPT  
WHERE SHOWN OTHERWISE~~Investigation on 09/12/2001 at Union City, New Jersey

b7A

File #

Date dictated 09/12/2001

by

SA [redacted]

~~SECRET~~

b1

b6  
b7C

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency;  
it and its contents are not to be distributed outside your agency.

(G)

DATE: 07-30-2010  
CLASSIFIED BY UC60322LP/PLJ/CC  
REASON: 1.4 (C)  
DECLASSIFY ON: 07-30-2035

- 1 -

FEDERAL BUREAU OF INVESTIGATION

~~SECRET~~

Date of transcription 09/11/2001

b6  
b7C

On 09/11/01, Special Agents (SA) [redacted] and [redacted] of the Federal Bureau of Investigation (FBI), interviewed Police Officer [redacted] East Rutherford Police Department, East Rutherford, New Jersey, who provided the following information: (u)

[redacted] stated that while assigned to a traffic detail, diverting traffic from Route 3 East to Route 120 North and Route 3 West, [redacted] observed a white Chevrolet van traveling slower than other vehicle on Route 3 East. [redacted] recalled a message transmitted by dispatch of a national broadcast to be on the lookout for a white Chevrolet van bearing NJ registration JYJ13Y, related to the terrorist attack earlier in the day. [redacted] immediately informed [redacted] of the possibility that he has observed the white CHEVROLET van wanted in connection of the terrorists attack. (u)

[redacted] stopped the vehicle along with [redacted] and [redacted] who assisted in removing the occupants from the vehicle. [redacted] advised that the following occupants were transported to the State Police facilities inside the Meadowlands Sports Complex by New Jersey State Troopers: [redacted] DOB: [redacted] white male; [redacted] DOB: [redacted] white male; [redacted] DOB: [redacted] white male; [redacted] DOB: [redacted] white male; and [redacted] DOB: [redacted] white male. (u)

[redacted] advised that prior to the State Troopers transporting the occupants to their facility, [redacted] was told by [redacted] "We are Israeli. We are not your problem. Your problems are our problems. The Palestinians are the problem." [redacted] then told [redacted] "We were on the west side highway during the incident." (u)

[redacted] advised that he will write a detailed Police reported for his department documenting the incident. (u)

~~SECRET~~

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED EXCEPT  
WHERE SHOWN OTHERWISE

Investigation on 9/11/01 at NEW JERSEY

File # [redacted] Date dictated 9/11/01

by SA [redacted] SA [redacted]

This document contains neither recommendations nor conclusions of the  
it and its contents are not to be distributed outside your agency.

(C)

DATE: 8/12/2005  
CLASSIFIED BY: 60322LP/PLJ/CC  
REASON: 1.4 (C)  
DECLASSIFY ON: 8/12/2030

EAST RUTHERFORD POLICE DEPARTMENT  
312 Grove Street

\* Chief of Police \* East Rutherford, New Jersey 07073  
John R. LaGreca

Telephone  
201-438-0165

[X] PRELIMINARY POLICE REPORT  
[ ] SUPPLEMENTAL REPORT

CSRR	DATE	TIME	DAY	LOCATION
014157	09/11/01	1556	Tue	Rt-3 East Service Rd. Mile 7.9

Nature of Report  
Police Information

b6  
b7C

COMPLAINANT LN PO- [ ] FN [ ] DOB  
Address [ ] Ph. [ ]

This officer was on special detail at the above location diverting traffic from further travel on Rt 3 east re-routing the traffic north on Rt120 and 3 west.

While diverting traffic, this officer was informed by dispatch of a national broadcast related to the terrorist attack earlier in the day. The information relayed was to be on the look out for a 2000 chevy van color white NJ registration JYJ13Y occupied with approximately 3 or more individuals (unclear as to male or female). A short time later this officer observed a van traveling quite slower than the rest of traffic east towards me on the service road that appeared to be a newer model chevy with at least two occupants. I immediately informed [ ] (The OIC at the scene) of the possibility of a match on the vehicle. As this officer approached the vehicle I did not observe a front license plate.

I went to the rear of the vehicle and observed the license plate (NJ JRJ13Y) I felt that the one letter difference in the plate could have been a mistake and requested a confirmation. The return transmission revealed the plate on the van matched the broadcast so at this time I returned to the driver door and requested the driver to stop the vehicle and exit. The Driver did not immediately exit the vehicle and was asked several more times but he appeared to be fumbling with a black leather fanny pouch type of bag. This officer then physically removed him. [ ] removed the passenger and one other passenger from the passenger side of the van and with minor assistance from [ ] the other two occupants were removed placed on the grass off to the shoulder and this officer read all five individuals their miranda rights. The van was secured and headquarters was requested to immediately notify the County Bomb Squad and FBI of the situation.

All occupants were transported to the state police facilities inside the Meadowlands sports complex by State Troopers to await the arrival of the FBI. The occupants were (Driver) [ ] w/m dob [ ] addressess given: [ ] Brooklyn NY and [ ] Israel wearing blue jeans torn knees and a gray and black shirt. [ ] w/m dob [ ] [ ] Miami Beach Fl 33139 Wearing jean overalls. [ ] no address given/ wearing a pink shirt and blue jeans. [ ] w/m dob [ ] No address given and uncertain of clothing description but individual was holding an American Express Card# [ ] w/m dob [ ] of [ ] Manhattan NY [ ] only personal belongings were a pack of Cigarettes and black sunglasses. I am not sure to the position of the other passengers.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 AUC/LP/CPP/ta

Report of PO- [ ]

Officer in Charge



## EAST RUTHERFORD POLICE DEPARTMENT

312 Grove Street

\* Chief of Police \*  
John R. LaGreca

East Rutherford, New Jersey 07073

Telephone  
201-438-0165☒ PRELIMINARY POLICE REPORT☐ SUPPLEMENTAL REPORTCSRR  
014157DATE  
09/11/01TIME DAY  
1556 TueLOCATION  
Rt 3 East

Service Rd #7.9

b6  
b7CNature of Report  
Police InformationCOMPLAINANT LN PO-  
Address

FN

DOB

Ph.

Prior to the transportation to the State Police facilities this officer was told without question by the driver "We are Israeli, We are not your problem. Your problems are our problems, The Palestinians are the problem." I was also told by [REDACTED] "We were on the west side highway during the incident." The black bag that the driver was fumbling with contained all of his belongings (see attached Receipt from the FBI for its contents).

[REDACTED] was in possession of a white sock like sack filled with \$4,700 in cash ( see attached receipt from FBI).

This officer did not speak to the Special Agent in charge Kevin Donovan and there were many other agents involved in the investigation. Two of which were

[REDACTED] and [REDACTED]

Report of PO [REDACTED]

Officer in Charge

EAST RUTHERFORD POLICE DEPARTMENT  
312 Grove Street

\* Chief of Police \* East Rutherford, New Jersey 07073  
John R. LaGreca

Telephone  
201-438-0165

[ ] PRELIMINARY POLICE REPORT

[X] SUPPLEMENTAL REPORT

CSRR	DATE	TIME	DAY	LOCATION
014157	09/11/01	1556	Tue	Rt-3 South-Service-Rd

Nature of Report  
Police-Information

b6  
b7c

COMPLAINANT LN [ ] Ph. [ ]  
Address ERPD [ ] DOB [ ]

While on a traffic detail diverting traffic to Rt. 120 as Rt. 3 east was closed, we were informed by our desk officer PO [ ] that there was a broadcast looking for a 2000 white Chevy van, NJ reg. JYJ-13Y, occupied by at least 3 people. After a short period of time, PO [ ] who was on the traffic detail with me, advised me that a van which was slowly approaching us matches that description of the broadcast. PO [ ] approached the driver's side of the vehicle and I approached the passenger side. I was able to see at least 4 people in the van, two in the front and two in the back. Officer [ ] read the plate number and I contacted the desk for confirmation on the plate number. PO [ ] advised me that the plate #, NJ reg. JRJ-13Y is one number off. He then contacted Hq and then it was confirmed that the plate on the vehicle was in fact the plate that the FBI had stated in the broadcast. While PO [ ] was removing the driver from the vehicle, I removed the front seat passenger and one of the rear seat passengers. As I was removing the front seat passenger he stated "we're Isreali". He was identified, via Isreal passport as [ ] W/M Dob [ ] of Isreal. He advised me that they were on their way to [ ] in Brooklyn where they are staying with a roommate. He did not have the exact address. [ ] and [ ] arrived at the scene. All five males were handcuffed and PO [ ] read them their miranda warnings. All five spoke and understood English and they acknowledged their understanding of miranda.

Bergen County Bomb Squad, State Police and FBI notified. The driver of the vehicle was [ ] W/M Dob [ ] of [ ] Brooklyn, NY. The rear passengers were: [ ] W/M Dob [ ] of [ ] Miami Beach, FL (he was wearing blue jean overalls); [ ] W/M Dob [ ] (no address given - wearing a pink shirt and blue jeans); and [ ] W/M Dob [ ] of [ ] Manhattan, NY.

FBI agents responded and took over the scene. All five were separately transported to the State Police facilities in the Meadowlands Sports Complex by State Troopers. Further investigation by the FBI.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 AML/CP/PL/VA

Report of [ ]

Officer in Charge [ ]

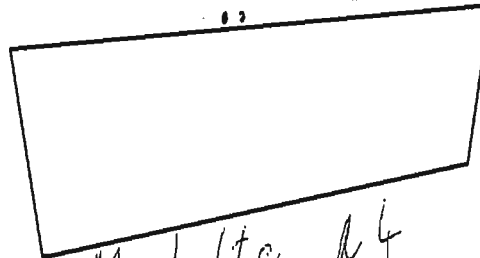


FEDERAL BUREAU OF INVESTIGATION

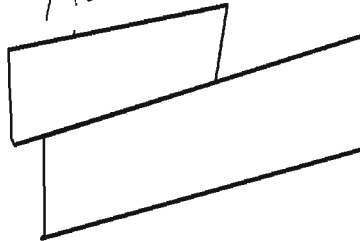
ONE GATEWAY CTR.  
MARKET STREET  
NEWARK, NJ 07102

[Redacted]  
SPECIAL AGENT  
[Redacted]  
[Redacted]

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b7C



Manhattan NY



b6  
b7C

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 auc k-lap/pta

[Redacted]

- Jump Overalls -

Miami Beh #2.33139-0000

[Redacted]

[Redacted]

Dress. White Black Shirt.

[Redacted]

( [Redacted]

BROOKLYN NY }

[Redacted]

ISRAEL - B.C.+L

[Redacted]

Pink. Shirt

[Redacted]

[Redacted]

[Redacted]

Amex

[Redacted]

2000 Chevy 1GCEG15W4Y1142815

[Redacted]

FBI

[Redacted]

(Kevin DONOVAN. (SAC))

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/005 BY 60322 mcl/CPA/uta

014157

\*\*\*\*\* STATEWIDE BROADCAST \*\*\*\*\*

LAPD-90230 09/11/01 1615

AM.NJNSPOD00

13:10 09/11/2001 05286

13:10 09/11/2001 06032 NJ

TXT (AP)

REQUEST NATIONAL BROADCAST

TO: A L L R E C E I V E R S

RE: B O L O - VEHICLE POSSIBLY RELATED TO NYC TERRORIST  
ATTACK \* \* CORRECTION ON REGISTRATION

A WHITE 2000 CHEVROLET VAN WITH NEW JERSEY REG/JRJ13Y WITH  
"URBAN MOVING SYSTEMS" SIGN ON BACK WAS SEEN AT THE LIBERTY  
STATE PARK, JERSEY CITY N.J. AT THE TIME OF THE FIRST IMPACT OF  
A JET AIRLINER INTO THE WORLD TRADE CENTER. THREE INDIVIDUALS  
WITH THE VAN WERE SEEN CELEBRATING AFTER THE INITIAL IMPACT AND  
SUBSEQUENT EXPLOSION.

F.B.I. NEWARK FIELD OFFICE IS REQUESTING THAT IF THE VAN IS  
LOCATED, HOLD FOR PRINTS AND DETAIN INDIVIDUALS. CONTACT S.A.  
[REDACTED] WITH ANY INFORMATION.

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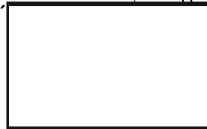
\* NJSP OPERATIONAL DISPATCH NJNSPOD00 JG 1606ET

\*\* MSG ROUTED TO CRTS FROM NJSP OPE

\*\* MSG ROUTED TO CRTS FROM NJSP OPERATIONAL DISPATCH \* 09/11/01 1615

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/05 BY 60322 PNC/LP/CP/OTA

b6  
b7C



LEASED VEHICLE REGISTRATION

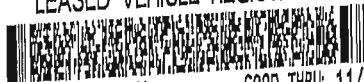


PLATE NO: JRJ13Y  
VIN: 1GCEG15W4Y1142815  
CHE 2000 VAN WT  
VAULT TRUST  
PO BOX 83  
GARDEN CITY NY 11530  
EQ: 5000 FEE: 5.00 AR BG20012390037

PO BOX 83  
GARDEN CITY NY 11530

- MOTOR VEHICLE SERVICES  
A RECEIPT DOCUMENT ONLY

RU: NOV 2001 VIN:

1GCEG15W4Y1142815

MAKE: CHE  
YEAR: 2000  
TYPE: VAN  
MODEL:  
COLOR: WT  
PT: PA  
AX: 2  
GW: 5000  
EQ: 5000  
REGCD: 15

REG D : 5.00  
FD REG:  
POST AUDIT:  
PLATE FEE:

TOTAL: 5.00  
AR BG20012390037

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/05 BY 60322 me k/cp/14-2

IV2A (1-96)

(STATE) NJ

# INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

111

COMPANY

EMPIRE FIRE & MARINE INS CO

POLICY NUMBER

CABIND080601

EFFECTIVE DATE

08/06/2001

EXPIRATION DATE

10/06/2001

YEAR

2000

MAKE/MODEL

GMC/VAN

VEHICLE IDENTIFICATION NUMBER

1GCEG15W4Y1142815

AGENCY / COMPANY ISSUING CARD

DeBellis Insurance Agency, Inc.

492 Franklin Avenue (973)661-1500

Nutley, NJ 07110

INSURED

URBAN MOVING SYSTEMS INC

3 18TH STREET

WEEHAWKEN, NJ 07087

SEE IMPORTANT NOTICE ON REVERSE SIDE

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322 uc/af/nc/m/br

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
Receipt for Property Received/Returned/Released/Seized

File # \_\_\_\_\_

On (date) 9-11-01

item(s) listed below were:

- ☒ Received From  
☐ Returned To  
☐ Released To  
☐ Seized

b6  
b7C

(Name) \_\_\_\_\_  
 (Street Address) \_\_\_\_\_  
 (City) Brooklyn NY

Description of Item(s):

SEARCH \$ 20.0032 Each \$ 50.0030 Each \$ 100.00\$ 4700.00one L.H/E leather bookone white elastic sockone Passportassorted Business Cards, American Express CardIsraeli Drivers License, Israeli International Driving PermitIsraeli Student ID,

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 7/14/2005 BY 60322auc/LP/CAB/vaz

SA  
SR  
Received By: \_\_\_\_\_  
 (Signature)

Received From: \_\_\_\_\_

(Signature)



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
Receipt for Property Received/Returned/Released/Seized

File # 265D-NY-

On (date) 09/11/2001

item(s) listed below were:

- ☒ Received From  
☐ Returned To  
☐ Released To  
☐ Seized

b6  
b7c

(Name)

(Street Address)

(City) BROOKLYN, NY

## Description of Item(s):

1. VEHICLE REGISTRATION VIN: 2ECEG1534Y1142815

2. BLACK "FANNY PACK" CONTAINING:

- 1 ADDRESS BOOK

- EL AL LUGGAGE TAG

- VISA CHECK CARD

ACCOUNT #

- STATE OF ISRAEL DRIVER'S LICENSE

#

- WTC 2 VISITOR'S CARD

DATED 7/11

- CASH: \$1000.00 IN \$20 DOLLAR BILLS

\$22.30 IN \$20 DOLLAR BILL (1)

\$1 DOLLAR BILL (2)

\$1.25 (1)

\$1.05 (1)

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

DATE 1/25/2005 BY 60322 [signature]

Received By:

(Signature)

Received From:

(Signature)

~~SECRET~~ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED EXCEPT  
WHERE SHOWN OTHERWISEDATE: 07-30-2010  
CLASSIFIED BY UC60322LP/PLJ/CC  
REASON: 1.4 (C)  
DECLASSIFY ON: 07-30-2035

## FEDERAL BUREAU OF INVESTIGATION

Date of transcription 09/14/2001

In connection with a canvass conducted by the below-referenced Special Agent at the apartment building located at [redacted] Union City, NJ, to identify individuals reporting any unusual activity around the apartment building over the prior few days, the following interview was conducted: (u)

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[redacted] date of birth [redacted] Union City, NJ, telephone [redacted] was interviewed. After being advised of the official identity of the interviewing agent and the purpose of the interview she provided the following information: (u)

The morning of the interview, a white van was parked in the rear parking lot of the apartment complex. The van was white and had no windows on the sides. It appeared to be a utility van for an electric company. The name of the company, since forgotten, was in red letters on the van. (u)

Usually, utility or service vehicles at the complex building parked in the front. This vehicle was parked in the back which is why it came to the interviewee's attention. It seemed out of place. No further information was available. (u)

This report is being submitted in connection with Lead NK1148. (u)

ALL INFORMATION CONTAINED  
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