

STONEHAM MOTOR COMPANY, INC. 185 MAIN STREET • STONEHAM, MA 02180

PHONE (781) 438-0490 • FAX (781) 984-0037

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reonal automobile insurance n irchase of a Comprehensive and	lay already cover you for de	image to the r	ental Vel	icle. The	TOTAL CHARGES				\$		
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omprehensive coverage on You	r vehicle, Your policy will cou	ver loss on the	e rented o	car, SUV,	pj		READ THE FO	il i Misusim	\$	<u> </u>	.00
otor home, minivan or 15-pas ductible on Your policy, Drivers					• You are	resnor	sible for dar	naga ta as	CAREP	ULLY	
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ncie, including any consequ	ential damages, as expla	Ined in Para	graph 4	of this	X						
Agreement.	•]			CUSTOMEA	SHRATIOE		***************************************	~~~~~
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_M ch. 266 § 87A.		•			TEPARED BY:		****	IVAN JU/	\UUIV		
] -							
AND PRINT SOLUTIONS 617-027-4722		***************************************			-						- 1



CUSTOMER			-	***********		l	No. 1755	23	
CITY OF SOMERVILLE				***************************************	VEHICLE NO.		LICENSE NO	/STATE	***************************************
HOME ADDRESS	CITY	STATE			18-77		M94822		MA
93 HIGHLAND AVE	SOMERVILLE			P CODE	ODOMETER	ODOMETER	YEAR AND MAI		IVIA
ONIVER'S LICENSÉ NO.		STATE	021		11000	11100	2018 F		
S59998117		MA		DATE 28/2020	MILES DRIVEN		MODEL AND CO		LE
BIRTH DATE	·	ME PHONE	12/			100	DUMP T	RUCK .F	RED .
12/28/1965	· ·	617)625-660	nn '	VERIFIED	ALLOWED		DATE AND YIN	EOUY IDA	TE AND THAT
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			1-1-1	ONE	CHARGEABLE				12:46 Pi
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0 #	= 20204	- 392			CONTRACT EXPIRE	S AFTER SO DAYS	03/26/2	020	07:3
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ONLY THE BELOW NAMED PERSONS F NONE, PRINT "NONE" ACROSS THIS:	ARE AUTHORIZED AS ADDITI	ONAL PRIVEDS	T	k d pody	100 MILES	• 0.00	« PER MUP	}	000
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NAME	DAIVERS LICENSE I	AGE	1/4	1/4	SUB TOTAL	The state of the s	1		000
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Customer is responsit	de for parking tick	œis.		ļ		The state of the s	······································		
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Customer is responsib	ile for tire blowout	s and dim	dama	~~ l	SUB TOTAL				
unless CCDW is purch	ased.	CA1164 D1311	uamaş	ye	SALESTAX 0.00	%			
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r Massachusetts residents: if Youverage for Collision, Your policy	u have an automobile noti	is obtional and	imay be c	leclined.	ESS DEPOSIT		\$	4,50	00.00
verage for Collision, Your policy mes, minivans and 15-pessence	will cover Collision dama	cy on loca per: Ide to rented c	svægine are Qine	iicie With		MOE DUE	\$		0.00
mes, minivans and 15-pesseng imprehensive coverage on Your	er vans, less the deducti	ble on Your p	olicy. If w	ou hava lo				4,50	00.00
mprehensive coverage on Your	vehicle, Your policy will co	ver loss on the	e rented c	car SUV	NIT	TOMEN ALS		***************************************	0,00
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ssachusetts, Your Collision cove signing below You acknowled the	rage may not extend to Ou	ic manights Ruichmar	policy Wi	Hiten in					
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.M ch. 266 § 87A.		•		LIN	ON JOAQUIM	R	DAOL NO	JIM	
-		,		PRE	PAHED BY:			**********	Contraction of Security Co.
ND PRINT SOLUTIONS 617-827-4723		*****		1					
NV MINT SULUTIONS 617-022-3205			-	*****	A CONTRACTOR OF THE PARTY OF TH				



CUSTOMER							MO. I/O	024		
CITY OF SOMERVILLE					VEHICLE NO.	Andrew Van Julius	LICENSE N	O. /STATE	,	
HOME ADDRESS	CITY				19-16		P6963		Ma	Δ
93 HIGHLAND AVE		STATE		CODE	ODOMETER OUT	ODOMETER	YEAR AND M			···
DRIVER'S LICENSE NO.	SOMERVILLE	MA	0214	3	11000	11063	2019 F		, months	
S59998117		STATE	EXP.			11000	MODEL AND		VEUIO) F	·
BIRTH DATE	***************************************	MA	12/2	8/2020	MILES DRIVEN	63	DUMP			
	HON	NE PHONE		VERIFIED	****		DATE AND T			
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					CHARGEABLE MILES	63	EXPE	OTED I	RETURN	V DATE
CORPORATE ACCOUNT NUMBER		e ^{gleg} et () for the plants and a second second	***************************************		CONTRACTOR	1	03/26/			07:35 AM
	F 20204	393				ES AFTER 30 DAYS	1	~U <u>&</u> U		PM
EMPLOYER	PHON	VE.				S DO NOT INCLU	DE FUEL		CHARG	E\$
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EMPLOYER'S ADDREES	CITY	STATE	ZIP Co	ODE	O DAYS	* \$ 60.00	*************************************	\$	0	00
					0 WEEKS	_ 7 0,00	***************************************	\$		00
ONLY THE BELOW NAMED PERSONS /	VIE AUTHORIZED AS ADDITIO	NAL DONEDO	}-1	le:	63 MILES	<u></u> 0,00	¢ PEN MILE	\$	-	00
IF NONE, PRINT "NONE" ACROSS THIS S	ECTION AND HAVE SIGNED BY	CUSTOMER.	OUT	JEL"		E AND FIENTAL C	HARGES		4,500	~~~~
NONE .			E	E	REFUELING	GALS. Ø \$	10,00			00
NAME	OPLIVERS LICENSE I	AGE	1/4	1/4	SUB TOTAL		The Miles of the Control of the Cont	\$		
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NAME	DELIVERS LICENSE P	AGE	3/4	8/4	COMPREHENSIVE/CO	LIGION DANAGE WAIL	(ER (CCDW)	\$	n	00
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Customer is responsib	le for parking tick	ets.								
						***************************************				***************************************
Customer is responsib	le for tire blowout	s and rim	demen	445.	SUB TOTAL	T		\$		
unless CCDW is purcha	ased.	a marrial divisi	· wumay	g u	SALESTAX 0.0	00 %		\$		00
•					LOCAL TAX 0.0			φ		
Laborator and a			·				***************************************			00
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Damage Walver to cover Your finant ersonal automobile insurance me	icial responsibility for dan	nage to the n	ented Vehi	cle. Your	LESS CHEDITS	A		\$ \$		and the second s
Litchase of a Comprehensive and	Collision Damas a Make and	auside to me	rental ven	icle, The	TOTAL CHARGES			\$ *	1 500	
or Massachusetts residents: if You overage for Collision, Your pollor	i pake au antomopije voje zamom ramaña waitel (s upuonal an รบ on Volume	umay be c	ecined.	LESS DEPOSIT			A.	4,500.	
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omes, minivans and 15-passeng	er vans, less the deducti	ble on Your i	colicy. If w	ouariuci Navariuci		USTOMEN ITIALS			4,500,6	7 freedom
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eductible on Your pollor Tulinase	anger van Caused by Are	, ment or va	ndalism, I		· YOU are reco	READ THE FO			ت میشان	
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y		• ']	to this rental	in Your name	or any un	oald cl	narges i	related
Your Signature					 You must pay 	all parking, tra	iffic and to	l ulata	liann in	
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(CCDW IS NOT	INSURANCE)				LANGE AND THE REAL OFFICE !					ACIALITY A
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clining this waiver, You will be	Apromou iii reidyitipii A resonnalkia for ika k	aini 10 0	ngreeme	nt. By	and conditions	s of this Agree	ment.	inibath A	Austra filica	terms
hicle, including any consequer	il din sonaman kili ilili il	uss OI BNC Incelle Dess	uamage		and the second s	***************************************			***********	
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LM ch. 266 § 87A.	-		→ → →₩98 7	L	MIUDAOL NOS	,	RON JOA	QUIM		
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Asia contractor and income			•	ł						



CUSTOMER	1999 51 50 100 100 100 100 100 100 100 100 1					NO. 1700	20	
1			************************	VEHICLE NO.	**************************************	LICENSE NO	/STATE	
CITY OF SOMERVILLE	NIW.			19-17	S71629 MA			
93 HIGHLAND AVE	SOMERVILLE MA		CODE	ODOMETER OUT	ODOMETER	YEAR AND MA		
DRIVER'S LICENSE NO.	SOMERVILLE MA	0214		8100	8200	2019 F		
S59998117	MA	EXP. D		MILES DRIVEN	100	MODEL AND C		
BIRTH DATE	HOME PHONE	12/28	3/2020	MILLO DAYEN	100	DUMP 7	rruc	K WHITE
12/28/1965	(617)625-66	nn F	VERIFIED	MILES ALLOWED	0	02/25/2		DATE AND TIME
LOCAL CONTACT	ADDRESS	PHO	VE.	ACCOVIDED.	0	07:38	AM	03/25/20 12:43 P
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EMPLOYER COMPLOYER	# 2020439	13		The second secon	S DO NOT INCLU		- 176-17	
EWLYDAEH	PHONE	-	****	0 HOURS		PER HOUR		CHARGES
EMPLOYER'S ADDRESS				O DAYS	• \$ 60.00	Pun noon	\$	0 00
and the state of t	CITY STATE	ZIP GO	DE	0 WEEKS	* \$ 0.00		\$	000
ONLY THE BELOW NAMED PERSONS	ARE AUTHORIZED AS ADDITIONAL DRIVERS			100 MILES	© 0.00	¢ PER MILE	\$	000
F NONE, PRINT "NONE" ACROSS THIS	BECTION AND HAVE SIGNED BY CUSTOMER.	our FU	EL IN	TOTAL MILEAGE	AND RENTAL C		<u> </u>	4,500 00
NONE .		Æ	E	REFUELING	GALS, Ø \$	10.00		0.00
NWE	OHIVERS LICENSE # AGE	- 1/4	1/4	SUB TOTAL			\$	- 0,00
NONE		1/2	1/2					~
NAME	DRIVERS LICENSE # AGE	- 3/4 X6	3/4 X :	COMPREHENSIVE/COLL	IBION DAMAGE WAIV	ir (cedw)	\$	0 00
Customer le vocanancie	ole for parking tickets.			The state of the s		one		
	ar ior parking tickets.		}	***************************************				
Customer is reconnell	ole for tire blowouts and rin	at		SUB TOTAL	**************************************			
unless CCDW is purch	no ioi me biomonis aud liv	n damag	e l	SALESTAX 0.00) %	_	\$	
mana design is poren	aost.		Ì	LOCAL TAX 0,00	~		<u> </u>	000
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urchase of a Comprehensive and	Colleion Domesia Making In 196	erental veni	cle. The	TOTAL CHARGES				4,500.00
or Massachusetts residents: if Vo	u have an automobile policy on Your pe	rsonal Vehi	cle with L	Less deposit				do0
overage for Collision, Your policy	will cover Collision damage to rented	cars, SUVs	, motor		ANCE DUE		inimarap angga kalkanan	4,500.00
Omniehenskie coverace on Vour	Appleto Anna meganistic dell'accione del Accid	bouck it Ac	u have [STOMEN NACS	8		0.00
otor home, minivan or 15-pass	senger van caused by fire, theft or van	ne remed ci andalism lø	ar, SUV,	PLEASE	READ THE FO	LLOWING C	AREFI	II to
			th their	r vou are reanci	neina tar dan	******	1 m	
Voll have Collision coverege	enter these policies extend to rented ve	nicles.		including any agraph 4 of thi	S AURAINANT	uamages, unless Vou	86 exp	plained in P
assachusetts, Your Collision cove	arder four own automobile insurance prage may not extend to Our pickup or s	strafaht bod	viruek.	**************************************	ET UPSTELLER CHEPS			
kesweut Leeweut	e that You received this notice before Yo	u algned the	rental	You authorize	Us to reserve	credit, and	to pre	ocesa a cre
				card voucher I to this rental o				
Your Signature			•	You must pay a	il parking, ira	ffic and toll	violat	llons incurr
COMPREHENSIVE/COLLISIO	ON DAMAGE WAIVER (CCDW) DEGLING INSURANCE)	NES ACCE	Pre	during the rent	al or loan to t	he leaving	goveri	iment autho
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Agreement.	n 1 am ambianism in t. Cit.	agrapii a U	f this 2	<u> </u>	-			*****
the Vehicle is not	returned within 48 ho	Pangers - E	, Ex	TEND TO TADDITI	CUSTOMEN SI	*******		
e date due. We wi	Ill report it to the police		1 "	CASH	ONAL DEPOSIT 6	DAT	t;	IMPTALS
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HIN WILL EQU 3 O [A.	•	•	तिव	EMREO BY:		RON JOAC	MIN*	
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AND PRINT SOLUTIONS 617-827-4723	The second secon	·						