

~~SECRET~~

FEDERAL BUREAU OF INVESTIGATION

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]
[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)

DATE: 8/2/00
CLASSIFIED BY: 60322 LP/PLJ/CC
REASON: 1.4 (c)
DECLASSIFY ON: 8/2/2030

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

Investigation on 09/14/2001 at Nutley, NJ

File # [redacted] Date dictated [redacted]
by SA [redacted] frt [redacted] (u)

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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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[Redacted]

~~SECRET~~

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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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URBAN MOVING SYSTEMS, INC.

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

8466

1-12/210
0036

9/6/2001

PAY TO THE ORDER OF DeBellis Insurance

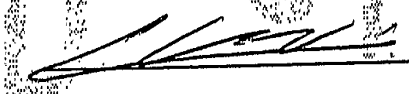
\$ **3,463.37

Three Thousand Four Hundred Sixty-Three and 37/100***** DOLLARS

DeBellis Insurance

MEMO

insurance installment



Security Features are included. Details on back.

⑈008466⑈ ⑆021000128⑆ 1036500845365⑈

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

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/ep/cpb/vh

ACORD AGENT/BROKER OF RECORD CHANGE

DATE
09-07-01

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

CODE: _____
 AGENCY _____
 CUSTOMER ID: _____

INSURANCE COMPANY NAME
 CNA INS Co.

SUBCODE: _____

| POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|---------------------|----------------|-----------------|------------------|
| 6559UB-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)

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 18th 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 Paul/CP/PL/vta

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

PPP - 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

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) PPP CODE
 DEBELLIS AGENCY
 492 FRANKLIN AVE
 NUTLEY, NJ 07110

Phone No: _____ Fax No: _____

PREMIUM PAYMENT PLAN
 HUDSON CITY

PPP - PREMIUM PAYMENT PLAN
 Hudson City Centre - Corner of Green & State St.
 Hudson, NY 12634
 518-522-1000 • Fax 518-428-5720

ANNUAL PERCENTAGE RATE 16.00 %
 (Cost of my credit figured as a yearly rate)

| Amount of Each Payment | Number of Payments Payable | | | 1st Payment Due | Final Payment Due |
|------------------------|----------------------------|-----------|---------|-----------------|-------------------|
| | Annual | Quarterly | Monthly | | |
| 3483:37 | | | 9 | 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% - \$16 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 less 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 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 charges 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 (Mullina) - 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) Term or (R) Term in Mo. by 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.
2. You are entitled to a completely filled in copy of this Agreement.
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.
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 Agreements on the reverse side.

By (Signature of Insured)
 Date 8/2/01
 (Signature and Title of Agent or Broker)
 NOTICE: SEE NEXT PAGE FOR IMPORTANT INFORMATION

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11/1/05 BY 60322 JAL/CL/10/10

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 60322/2005/2005/CP/10/12

Finance Agreement + 1ST 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

LOAN AGREEMENT NO. AND/OR QUOTE NO. 16.00

| | | |
|---|---|-------------|
| 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 |

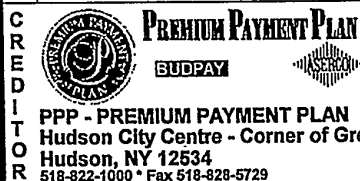
INSURED/BORROWER (Name, Address and Telephone Number)
 URBAN MOVING SYSTEMS INC
 3 18TH STREET
 WEEHAWKEN, NJ 07087

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:



PPP - PREMIUM PAYMENT PLAN
 Hudson City Centre - Corner of Green & State St.
 Hudson, NY 12534
 518-822-1000 * Fax 518-828-5729

ANNUAL PERCENTAGE RATE 16.00 %
 (Cost of my credit figured as a yearly rate)

| Payment Schedule | | | | | |
|------------------------|----------------------------|-----------|---------|-----------------|-------------------|
| Amount of Each Payment | Number of Payments Payable | | | 1st Payment Due | Final Payment Due |
| | Annual | Quarterly | Monthly | | |
| 3463.37 | | | 9 | 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; not made within five (5) days of the due date (10 days NJ, IN, TN, and MS). \$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.

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.

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. Cov. 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.

- 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.
- Taxes & Fees.** I understand the following:
 - 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.
 - 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.

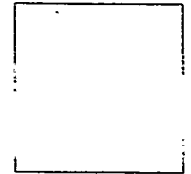
| | | |
|-------------------|---|---|
| NOTICE TO INSURED | 1. Do not sign this Agreement before you read it or if it contains any blank space. | 3. Under the law, you have a right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. |
| | 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)
 Date (Signature)

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

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 | |
| ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 7/14/2005 BY 60322/uc/kl/cpp/ota | | | | | | |
| | | | | | | 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

2:27PM

BW

CONCORD INSURANCE

Full Ins.

Eff:03/01/1998

ID=

NO. 2121

P01/01

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

Total Annual Premium : \$7,020.00

tax #23.17

08-10-01 02:27 TO:

FROM:

P03

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

Urban Moving Systems, Inc.

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

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

Debells Insurance

[Redacted]

VIA FACSIMILE: 973-661-9750

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Dear [Redacted]

The information 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

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 60322ndlp/kpb/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: | |

Urgent For Review Please Comment Please Reply 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 9/14/05 BY 60322 mcd/klp/ltr

Sincerely,

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE
08/03/2001

| | | | | |
|--|---|---|---------------------------------|----------------------|
| PRODUCER DeBellis Insurance Agency, Inc. 492 Franklin Avenue Nutley, NJ 07110 | PHONE (A/C No. Ext): (973)661-1500 FAX (973)661-9750 | CARRIER Inter-America Ins Agency | NAIC CODE: | UNDERWRITER |
| CODE: | | POLICIES OR PROGRAM REQUESTED CA | | |
| AGENCY CUSTOMER ID 00007675 | | INDICATE SECTIONS ATTACHED | | |
| | | PROPERTY | EQUIPMENT FLOATER | GARAGE AND DEALERS |
| | | GLASS AND SIGN | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE |
| | | ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | ELECTRONIC DATA PROC | BOILER & MACHINERY |
| | | CRIME/MISCELLANEOUS CRIME | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION |
| | | TRANSPORTATION/ MOTOR TRUCK CARGO | BUSINESS AUTO | UMBRELLA |
| | | | TRUCKERS/MOTOR CARRIER | |

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 | | DIRECT BILL | | |
| | | | | <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 | |
| INDIVIDUAL | <input checked="" type="checkbox"/> CORPORATION | SUBCHAPTER "S" CORPORATION | NOT FOR PROFIT ORGANIZATION | YEAR BUSINESS STARTED 1990 |
| PARTNERSHIP | JOINT VENTURE | 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 | OWNER <input checked="" type="checkbox"/> TENANT | | b6 b7c |
| | | | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | OWNER TENANT | | |
| | | | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | OWNER 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 mck/epaluta

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 MO | | <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 | | | | | | | | | | | | |
|-----------------------|----------------------------|------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| COMMERCIAL 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.

ACORD® BUSINESS AUTO SECTION

DATE (MM/DD/YY)
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

APPLICANT URBAN MOVING SYSTEMS INC
(First Named Insured)

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

CODE: SUB CODE:

AGENCY CUSTOMER ID: 00007675

FOR COMPANY USE ONLY

COVERAGES/LIMITS

| COVERAGES | COVERED AUTO SYMBOLS | 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 | 5 X 7 | OR EQUIVALENT NO-FAULT COVERAGE \$ DEDUCTIBLE | | | |
| ADDITIONAL P.I.P. | 5 7 | TOTAL W/C \$ M/E \$ | TOWING & LABOR | 3 7 | PHYSICAL DAMAGE \$ |
| MEDICAL PAYMENTS | 2 4 8 3 7 | EACH PERSON \$ | COMPREHENSIVE | 2 4 8 3 X 7 | |
| UNINSURED MOTORIST | 2 6 3 X 7 | X CSL BI EA PER \$ 1,000,000 | SPECIFIED CAUSES OF LOSS | 2 4 8 3 7 | |
| UNDERINSURED MOTORIST | 2 6 3 X 7 | X CSL BI EA PER \$ 1,000,000 | COLLISION | 2 4 8 3 X 7 | |
| HIRED/BORROWED LIABILITY | STATES NJ | COST OF HIRE \$ X IF ANY BASIS | | STATES # DAYS # VEH | COVERAGE/DEDUCTIBLE |
| NON-OWNED LIABILITY | STATES NJ | GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS | HIRED PHYSICAL DAMAGE | | COMP \$ SPEC C OF L \$ COLL \$ |
| 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

DRIVER INFORMATION

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

| DRIVER # | NAME (Include address, if required) | DATE OF BIRTH | YEAR LIC | DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER | STATE LIC | USE VEH # | % USE |
|----------|-------------------------------------|---------------|----------|--|-----------|-----------|-------|
| 0001 | OBTAINING MVR'S | | | | | | |

VEHICLE DESCRIPTION

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

| VEHICLE DESCRIPTION (continued) | | | | | | | | | | | | | | |
|---------------------------------|------------------|-------------------------------------|---------------|-------------------------------------|-----------------|-------------------------------------|---------------|--------------------------|---------|-------------------------------------|---------------|-------------------------------------|-------------------------------------|-------------|
| VEH # | YEAR | MAKE: | INTERNATIONAL | BODY TYPE: | SYM/WAGE | | | | | | | COST NEW | | |
| 00002 | 1999 | MODEL: | TRUCK | V.I.N.: | IHTSCAM5X675087 | | | | | | | \$ 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 |
| <input type="checkbox"/> | UNDER 15 MILES | <input type="checkbox"/> | PLEASURE | <input checked="" type="checkbox"/> | LIAB | <input type="checkbox"/> | MED PAY | <input type="checkbox"/> | FT | <input checked="" type="checkbox"/> | COMP | AA | <input checked="" type="checkbox"/> | ST AMT |
| <input type="checkbox"/> | 15 MILES OR OVER | <input type="checkbox"/> | FARM | <input checked="" type="checkbox"/> | PIP | <input checked="" type="checkbox"/> | UNINS MOTOR | <input type="checkbox"/> | FTW | <input checked="" type="checkbox"/> | COLL | \$ | 42,259 | \$ 1,000 |

| | | | | | | | | | | | | | | |
|--------------------------------|------------------|-------------------------------------|---------------|-------------------------------------|------------------|-------------------------------------|---------------|--------------------------|---------|-------------------------------------|---------------|-------------------------------------|-------------------------------------|-------------|
| VEH # | YEAR | MAKE: | INTERNATIONAL | BODY TYPE: | SYM/WAGE | | | | | | | COST NEW | | |
| 00003 | 1994 | MODEL: | TRUCK | 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 |
| <input type="checkbox"/> | UNDER 15 MILES | <input type="checkbox"/> | PLEASURE | <input checked="" type="checkbox"/> | LIAB | <input type="checkbox"/> | MED PAY | <input type="checkbox"/> | FT | <input checked="" type="checkbox"/> | COMP | AA | <input checked="" type="checkbox"/> | ST AMT |
| <input type="checkbox"/> | 15 MILES OR OVER | <input type="checkbox"/> | FARM | <input checked="" type="checkbox"/> | PIP | <input checked="" type="checkbox"/> | UNINS MOTOR | <input type="checkbox"/> | FTW | <input checked="" type="checkbox"/> | COLL | \$ | 26,000 | \$ 1,000 |

| | | | | | | | | | | | | | | |
|--------------------------------|------------------|-------------------------------------|----------|-------------------------------------|-------------------|-------------------------------------|---------------|--------------------------|---------|-------------------------------------|---------------|-------------------------------------|-------------------------------------|-------------|
| VEH # | YEAR | MAKE: | FORD | BODY TYPE: | SYM/WAGE | | | | | | | COST NEW | | |
| 00004 | 1993 | MODEL: | TRUCK | 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 |
| <input type="checkbox"/> | UNDER 15 MILES | <input type="checkbox"/> | PLEASURE | <input checked="" type="checkbox"/> | LIAB | <input type="checkbox"/> | MED PAY | <input type="checkbox"/> | FT | <input checked="" type="checkbox"/> | COMP | AA | <input checked="" type="checkbox"/> | ST AMT |
| <input type="checkbox"/> | 15 MILES OR OVER | <input type="checkbox"/> | FARM | <input checked="" type="checkbox"/> | PIP | <input checked="" type="checkbox"/> | UNINS MOTOR | <input type="checkbox"/> | FTW | <input checked="" type="checkbox"/> | COLL | \$ | 15,000 | \$ 1,000 |

| | | | | | | | | | | | | | | |
|--------------------------------|------------------|-------------------------------------|--------------|-------------------------------------|-------------------|-------------------------------------|---------------|--------------------------|---------|-------------------------------------|---------------|-------------------------------------|-------------------------------------|-------------|
| VEH # | YEAR | MAKE: | FREIGHTLINER | BODY TYPE: | SYM/WAGE | | | | | | | COST NEW | | |
| 00005 | 2001 | MODEL: | TRUCK | 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 |
| <input type="checkbox"/> | UNDER 15 MILES | <input type="checkbox"/> | PLEASURE | <input checked="" type="checkbox"/> | LIAB | <input type="checkbox"/> | MED PAY | <input type="checkbox"/> | FT | <input checked="" type="checkbox"/> | COMP | AA | <input checked="" type="checkbox"/> | ST AMT |
| <input type="checkbox"/> | 15 MILES OR OVER | <input type="checkbox"/> | FARM | <input checked="" type="checkbox"/> | PIP | <input checked="" type="checkbox"/> | UNINS MOTOR | <input type="checkbox"/> | FTW | <input checked="" type="checkbox"/> | COLL | \$ | 69,837 | \$ 1,000 |

| ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach AGORD 45 for additional names) | | | | | | | | | | | |
|--|--------------------|------------------|--------------|--------------------------|-------------------------|--|-----------|--|--|--|--|
| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | | | | | | |
| <input type="checkbox"/> | ADDITIONAL INSURED | | | <input type="checkbox"/> | LOCATION: | | BUILDING: | | | | |
| <input type="checkbox"/> | LOSS PAYEE | | | <input type="checkbox"/> | VEHICLE: | | BOAT: | | | | |
| <input type="checkbox"/> | MORTGAGEE | | | <input type="checkbox"/> | SCHEDULED ITEM NUMBER: | | | | | | |
| <input type="checkbox"/> | LIENHOLDER | | | <input type="checkbox"/> | OTHER | | | | | | |
| <input type="checkbox"/> | EMPLOYEE AS LESSOR | | | <input type="checkbox"/> | | | | | | | |
| ITEM DESCRIPTION: | | | | | | | | | | | |

| GENERAL INFORMATION | | | | | | | | | | | | |
|--|--|--|--|-------------------------------------|-----|--|--|--|--|--------------------------------------|--|-------------------------------------|
| EXPLAIN ALL "YES" RESPONSES | | | | YES: | NO: | 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? | | | | | | <input checked="" type="checkbox"/> |
| 1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | | <input checked="" type="checkbox"/> | | 8. ANY HOLD HARMLESS AGREEMENTS? | | | | | | <input checked="" type="checkbox"/> |
| 2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? | | | | <input checked="" type="checkbox"/> | | 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, PLEASE IDENTIFY IN REMARKS. | | | | | | <input checked="" type="checkbox"/> |
| 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? | | | | <input checked="" type="checkbox"/> | | 10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? | | | | | | <input checked="" type="checkbox"/> |
| 4. ARE ANY VEHICLES LEASED TO OTHERS? | | | | <input checked="" type="checkbox"/> | | 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? | | | | | | <input checked="" type="checkbox"/> |
| 5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? | | | | <input checked="" type="checkbox"/> | | 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? | | | | | | <input checked="" type="checkbox"/> |
| 6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? | | | | <input checked="" type="checkbox"/> | | 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? | | | | | | <input checked="" type="checkbox"/> |
| DESCRIPTION OF GARAGE/STORAGE LOCATIONS | | | | | | | | | | MAXIMUM DOLLAR VALUE SUBJECT TO LOSS | | |
| 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 EXPLAINED 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) | | |
| AGORD 127 (8/94) ATTACH TO APPLICANT INFORMATION SECTION | | | | | | | | | | | |

ACORD® VEHICLE SCHEDULE

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

PRODUCER PHONE (A.C. No. Ex.): (973)661-1500
FAX (973)661-9750

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

APPLICANT URBAN MOVING SYSTEMS INC

(First Named Insured)

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

CODE: SUB CODE:

AGENCY CUSTOMER ID

00007675

FOR COMPANY USE ONLY

VEHICLE DESCRIPTION

VEH # YEAR MAKE: INTERNATIONAL BODY TYPE: SYM/AGE COST NEW
00006 2001 MODEL:TRUCK V.I.N.: 1HISCAAM01H393754 \$ 63,964

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$ 1,000
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ 63,964 \$ 1,000 COLL

VEH # YEAR MAKE: BODY TYPE: SYM/AGE COST NEW
MODEL: V.I.N.:

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ \$ COLL

VEH # YEAR MAKE: BODY TYPE: SYM/AGE COST NEW
MODEL: V.I.N.:

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ \$ COLL

VEH # YEAR MAKE: BODY TYPE: SYM/AGE COST NEW
MODEL: V.I.N.:

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ \$ COLL

VEH # YEAR MAKE: BODY TYPE: SYM/AGE COST NEW
MODEL: V.I.N.:

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ \$ COLL

VEH # YEAR MAKE: BODY TYPE: SYM/AGE COST NEW
MODEL: V.I.N.:

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ \$ COLL

VEH # YEAR MAKE: BODY TYPE: SYM/AGE COST NEW
MODEL: V.I.N.:

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL USE COMM'L CHECK COVERAGES ADD'L PIP UNDRINS MOTOR TOWING & LABOR SPEC C OF L F LSP DEDUCTIBLES ACV COMP SPEC C OF L
UNDER 15 MILES PLEASURE RETAIL LIAB MED PAY UNINS MOTOR FT COMP AA ST AMT \$
OVER 15 MILES FARM SERVICE PIP UNINS MOTOR FTW COLL \$ \$ COLL

P. 5
008

PAGE 64
DATE 07/31/00

VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT
 BROKER NBR: 135
 AGENT NBR: 00000000
 BUSINESS TYPE: H
 FOR POLICY NUMBER: BA02251800
 POLICY DATES 08/05/99 TO 08/05/00
 PRODUCER NUMBER AND NAME:
 135 A.E. GOETTELMAH & CO., INC.
 P.O. BOX 4108
 MAIHASSETT NY 11030 4308

TH00TA2
TIME 20:39:27

CUST. TYPE: H
 CUSTOMER NUMBER AND NAME:
 0000022518 URBAN MOVING SYSTEMS, INC.
 312 PAVONIA AVENUE #1
 JERSEY CITY NJ 07302

AUG 01 00 19:58:41
 URBAN MOVING SYSTEMS
 VANLINER
 TUE 11:38 00/10/80

| | 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: 81/PD LIABILITY | | | | | |
| OPEN | | | | | |
| CLOSED | | | | | |
| 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 |
| <hr/> | | | | | |
| POLICY YEAR: 99 | | | | | |
| TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO | | | | | |
| COVERAGE TYPE: COLLISION | | | | | |
| OPEN | | | | | |
| CLOSED | | | | | |
| 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 |
| <hr/> | | | | | |
| TOTAL FOR POLICY NUMBER BA02251800 | 5 CLAIMS | 10600.00 | 7527.02 | 0.00 | 18127.02 |
| | | | 18127.02 | | |

JUL 12 2001 3:22PM
 LASERJET 3200
 URBAN MOVING SYSTEMS
 08/25/01 MON 14:59 FAX 518 627 4458
 08/01/00 TUE 13:44 FAX 212 684 1270

P.5/1.3

P. 6
0007

T4#07A2
TIME 20:39:27

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

| CLAIM NUMBER LOSS DATE | CLAIMANT EMPLOYER/DRIVER NAME DESC. OF CLAIM | CLM STATUS ACCIDENT LOCATION | REPORT DATE | OPEN IND. OPEN EXP. TOTAL RESERVE | IND. PAID EXP. PAID TOTAL PAID | TOTAL IN. IND. TOTAL IN. EXP. TOTAL INCURRED | RECOVERY NET INCURRED |
|---------------------------|--|---------------------------------|----------------------|---|--------------------------------------|--|--------------------------|
| 99-128800 09/01/99 | [REDACTED] | CLOSED RIDGEFIELD | 01/10/00 NJ 07000 | 0.00 0.00 0.00 | 2512.76 0.00 2512.76 | 2512.76 0.00 2512.76 | 0.00 2512.76 |
| CLMT #1 | [REDACTED] | C PD LOSS - BI/PD LIABILITY | | | | | |
| CLMT #2 | | | | | | | |
| CLMT #3 | | | | | | | |
| CLMT #4 | | | | | | | |
| CLMT #5 | | | | | | | |
| CLMT #6 | | | | | | | |

VA ACTION OTHER TYPE LOSS

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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

URBAN MOVING SYSTEMS, INC.

08/01/00 09:14:38 VANLINER FAX: 01 609 71981 0007

P. 7-13

P.7

7480TA2
TIME 20:39:27

VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT
CUST. TYPE: N BUSINESS TYPE: H BROKER NBR: 135 AGENT NBR: 00000000
FOR POLICY NUMBER: B102251800
POLICY DATES 08/05/99 TO 08/05/00

PAGE 42
DATE 07/31/00

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

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

JERSEY CITY NJ 07302

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

| CLAIM NUMBER LOSS DATE | CLAIMANT EMPLOYER/DRIVER NAME DESC. OF CLAIM | CLAIM STATUS | REPORT DATE ACCIDENT LOCATION | OPEN IND. OPEN EXP. TOTAL RESERVE | IND. PAID EXP. PAID TOTAL PAID | TOTAL IN. IND. TOTAL IN. EXP. TOTAL INCURRED | RECOVERY NET INCURRED |
|---------------------------|---|--|----------------------------------|---|--------------------------------------|--|--------------------------|
| 99-124929 09/01/99 | [REDACTED] | CLOSED | 09/10/99 VANAUQUE NJ 07000 | 0.00 0.00 0.00 | 0.00 320.10 320.10 | 0.00 320.10 320.10 | 0.00 120.10 |
| CLMT #1 | [REDACTED] | CLAIMANT ACTION OTHER TYPE LOSS C BI LOSS - BI/PD LIABILITY | | | | | |
| CLMT #2 | [REDACTED] | | | | | | |
| CLMT #3 | [REDACTED] | | | | | | |
| CLMT #4 | [REDACTED] | | | | | | |
| CLMT #5 | [REDACTED] | | | | | | |
| CLMT #6 | [REDACTED] | | | | | | |
| 99-121932 08/08/99 | [REDACTED] TRUCK DRIVER VA ACTION OTHER TYPE LOSS | OPEN | 09/07/99 NEW YORK NY 06300 | 10000.00 600.00 10600.00 | 560.50 70.00 630.50 | 10560.50 670.00 11230.50 | 0.00 11230.50 |
| CLMT #1 | [REDACTED] | C BI LOSS - BI/PD LIABILITY | | | | | |
| CLMT #2 | [REDACTED] | C PD LOSS - BI/PD LIABILITY | | | | | |
| CLMT #3 | [REDACTED] | | | | | | |
| CLMT #4 | [REDACTED] | | | | | | |
| CLMT #5 | [REDACTED] | | | | | | |
| CLMT #6 | [REDACTED] | | | | | | |
| 99-125793 09/11/99 | [REDACTED] VA LEAVING DRIVE ON LOT, HITVA | CLOSED | 10/07/99 LINDCOLN PK NJ 07000 | 0.00 0.00 0.00 | 2413.41 40.00 2453.41 | 2413.41 40.00 2453.41 | 0.00 2453.41 |
| CLMT #1 | [REDACTED] | C PD LOSS - BI/PD LIABILITY | | | | | |
| CLMT #2 | [REDACTED] | | | | | | |
| CLMT #3 | [REDACTED] | | | | | | |
| CLMT #4 | [REDACTED] | | | | | | |
| CLMT #5 | [REDACTED] | | | | | | |
| CLMT #6 | [REDACTED] | | | | | | |
| 99-126395 08/05/99 | URBAN MOVING SYSTEMS, INC. [REDACTED] VA HIT BUILDING URBAN MOVING SYSTEMS, INC. | CLOSED | 10/21/99 WCEHAWKEN NJ 07000 | 0.00 0.00 0.00 | 1610.25 0.00 1610.25 | 1610.25 0.00 1610.25 | 0.00 1610.25 |
| CLMT #1 | [REDACTED] | C COLLISION | | | | | |
| CLMT #2 | [REDACTED] | | | | | | |
| CLMT #3 | [REDACTED] | | | | | | |
| CLMT #4 | [REDACTED] | | | | | | |
| CLMT #5 | [REDACTED] | | | | | | |
| CLMT #6 | [REDACTED] | | | | | | |

JUL 12 2001 3:22PM HILASERJET 3200
06/25/01 MON 14:59 FAX 516 827 4458
08/01/00 TUE 13:44 FAX 212 584 1270

08/01/00 TUE 14:38
VANLINER
FORM 1050M
EX. 01 5006
NO 71981 @006

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P.6/13

THBOTAT
TIME 20:39:27
VANLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT
CUST. TYPE: N BUSINESS TYPE: M BROKER NBR: 135 AGENT NBR: 00000000
FOR POLICY NUMBER: BA02251800
POLICY DATES 08/05/98 TO 08/05/99

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

PRODUCER NUMBER AND NAME:
135 A.E. GOETTMANN & 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: 98 | | | | | |
| TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO | | | | | |
| COVERAGE TYPE: COLLISION | | | | | |
| OPEN | 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 | 76.50 |
| POLICY YEAR: 90 | | | | | |
| TOTALS FOR L.O.B.: 03 COMMERCIAL AUTO | | | | | |
| COVERAGE TYPE: BI/PD LIABILITY | | | | | |
| OPEN | 3 RESERVES | 6124.20 0.00 | 964.40 7088.60 | 0.00 | 0.00 |
| | | 0.00 | 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 | 7080.90 7165.10 | 0.00 | 0.00 |
| | | | | | 7165.10 |

JUL 12 2001 3:22PM LASERJET 3200
06/25/01 MON 14:58 FAX 516 827 4458
08/01/00 TUE 13:43 FAX 212 664 1270

REMITTANCE VANLINER 08/01/00 TUE 14:38

P-9
0004

T460YAZ
TIME 20:39:27

VANLINER 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 4308
MANHASSETT NY 11030 4308

JERSEY CITY NJ 07302

| CLAIM NUMBER LOSS DATE | COMPANY OF L.O.B. 03 COMMERCIAL AUTO CLAIMANT - EMPLOYER/DRIVER NAME DESC. OF CLAIM | VANLINER INSURANCE COMPANY | CLAIM STATUS | REPORT DATE ACCIDENT LOCATION | OPEN IND. OPEN EXP. TOTAL RESERVE | IND. PAID EXP. PAID TOTAL PAID | TOTAL IN. IND. TOTAL IN. EXP. TOTAL INCURRED | RECOVERY NET INCURRED |
|---------------------------|---|----------------------------|--------------|----------------------------------|---|--------------------------------------|--|--------------------------|
| 99-122236 05/14/99 | URBAN MOVING SYSTEMS, INC. [REDACTED] | | CLOSED | 06/24/99 ELIZABETH NJ 07000 | 0.00 0.00 0.00 | 0.00 76.50 76.50 | 0.00 76.50 76.50 | 0.00 76.50 |
| CLMT #1 | URBAN MOVING SYSTEMS, INC. | | | | | | | |
| CLMT #2 | | | | | | | | |
| CLMT #3 | | | | | | | | |
| CLMT #4 | | | | | | | | |
| CLMT #5 | | | | | | | | |
| CLMT #6 | | | | | | | | |
| 99-122995 05/14/99 | [REDACTED] | | OPEN | 07/16/99 ELIZABETH NJ 07000 | 6000.00 124.20 6124.20 | 0.00 964.40 964.40 | 6000.00 1088.60 7088.60 | 0.00 7088.60 |
| CLMT #1 | [REDACTED] | | | | | | | |
| CLMT #2 | | | | | | | | |
| CLMT #3 | | | | | | | | |
| CLMT #4 | | | | | | | | |
| CLMT #5 | | | | | | | | |
| CLMT #6 | | | | | | | | |

CLAIMANT ACTION OTHER TYPE LOS
C COLLISION
O PD LOSS - BI/PD LIABILITY

LASERJET 3200

JUL 12 2001 3:22PM

06/25/01 MON 14:58 FAX 516 627 4458
08/01/00 TUE 13:43 FAX 212 684 1270

RECEIVED VANLINER
TUE 14:38
08/01/00

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P.4.13

VANLIER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT
 TIME 20:39:27 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
 PRODUCER NUMBER AND NAME:
 135 A.E. GOETTMANN & CO., INC.
 P.O. BOX 4308 MANHASSETT NY 11030 4308
 CUSTOMER NUMBER AND NAME:
 0000022518 URBAN MOVING SYSTEMS, INC.
 312 PAVONIA AVENUE #1
 JERSEY CITY NJ 07302

| | OPEN RESERVES | DEDUCTIBLE | 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 | 0 RESERVES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 2 RESERVES | 0.00 | 1488.78 | 0.00 | 0.00 | 1488.78 |
| CLOSED | | | 1488.78 | | | |
| TOTAL FOR POLICY NUMBER BA02251800 | 1 CLAIMS | 0.00 | 1488.78 | 0.00 | 0.00 | 1488.78 |

JUL 12 2001 3:23PM LASERJET 3200
 06/25/01 MON 14:58 FAX 516 627 4458
 08/01/00 TUE 13:43 FAX 212 664 1270

VANLIER
 TUE 14:38
 08/01/00
 FAX/RX NO 71981 000

P. 11
0002

T4807A2
TIME 20:39:27

VAHLINER INSURANCE COMPANY - CUSTOMER OPEN/CLOSED REPORT
CUST. TYPE: H BUSINESS TYPE: H BROKER NBR: 135 AGENT NBR: 00009000
FOR POLICY NUMBER: 8A02251800
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. GOETTELNAHN & CO., INC.
P.O. BOX 4308
HARTHASSETT NY 11030 4308

JERSEY CITY NJ 07302

| CLAIM NUMBER, LOSS DATE | CLAIMANT EMPLOYER/DRIVER NAME DESC. OF CLAIM | COMPANY 01 L.O.B. 03 COMMERCIAL AUTO | VAHLINER INSURANCE COMPANY | CLAIM STATUS | REPORT DATE | ACCIDENT LOCATION | OPEN IND. OPEN EXP. TOTAL RESERVE | IND. PAID EXP. PAID TOTAL PAID | TOTAL IN. IND. TOTAL IN. EXP. TOTAL INCURRED | RECOVERY NET INCURRED |
|----------------------------|--|---|----------------------------|--------------|-------------|-----------------------------|---|--------------------------------------|--|--------------------------|
| 98-111837 07/25/98 | [REDACTED] | | | CLOSED | 10/07/98 | JERSEY CY NJ 07000 | 0,00 0,00 0,00 | 1400,78 0,00 1400,78 | 1400,78 0,00 1400,78 | 0,00 1400,78 |
| | VA ACTION OTHER TYPE LOSS | | | | | C PD LOSS - BI/PD LIABILITY | | | | |
| CLNT #1 | [REDACTED] | | | | | | | | | |
| CLNT #2 | | | | | | | | | | |
| CLNT #3 | | | | | | | | | | |
| CLNT #4 | | | | | | | | | | |
| CLNT #5 | | | | | | | | | | |
| CLNT #6 | | | | | | | | | | |

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JUL 12 2001 3:23PM LASERJET 3200
08/25/01 MON 14:57 FAX 516.627.4458
08/01/00 TUE 13:42 FAX 212.627.4458

REMITTER VAPLINER
08/01/00 TUE 14:38
08/01/00 TUE 14:38 [TX/RX NO 7198] 0002

P. 2-13

Urban Moving Systems, Inc.

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

0215

New York Headquarters
446 West 50th 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.

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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 mac/2/47B/412

Cargo

Czy

Baldwin Sadler Corporation
dba-CA-Baldwin Sadler Insurance Services
National Managing Speciality 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

[Redacted]

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

Re: Urban Moving Systems, Inc.
(IHZ5623720; 16-AUG-00 to 16-AUG-01)

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Dear [Redacted]

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,

[Redacted]

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 | DATE | AMOUNT | AMOUNT |
| CODES | CODE | ADJ PRE- CLAIM | | |
| POLICY EFF. DATE:09/18/2000 | | | | |
| NO CLAIMS FOR THIS POLICY PERIOD | | | | |

STATE:

| AGE | NO. CLAIMS | 0 | 0 |
|--------------|------------|---|---|
| *TOTAL STATE | 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 | employee is covered for |
| P-Permanent Disability | compensation |
| M-Major Permanent Disability | |
| N-Minor Permanent Disability | |
| T-Temporary Total or Temporary Partial | Prefix CM claims will h |
| ave 0000 until | 18 months after Policy |
| X-Medical Claims | |
| 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> | |

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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 = \$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 60322/uc/ep/2/1/1/2

Urban Moving Systems, Inc.

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

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

Dehells Insurance

[Redacted]

VIA FACSIMILE: 973-661-9750

b6
b7c

Dear [Redacted]

The informaion 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]

[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 7/14/2015 BY 60322/UC/LP/CPA/VA

URGENT

Urban Moving Systems, Inc.

New Jersey Headquarters
3, 18th Street
Weehawken, NJ 07087
(201) 558-0031
201-558-0315 ext 100
201-558-0315 Fax

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

DeBellis Insurance Agency, Inc.

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 signature box]

Urban Moving Systems, Inc.

Revised Vehicle Schedule

| Vehicle # | Year | Make | Model | VIN | Cost | Now |
|-----------|------|---------------|-------|-------------------|------|-----------|
| 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

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DATE 7/14/2005 BY 60322 [signature]

* 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

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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,

b6
b7c

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DATE 07-30-2010 BY UC60322LP/PLJ/CC

Warehouse Insurance

*for
Urban as well
as*

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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

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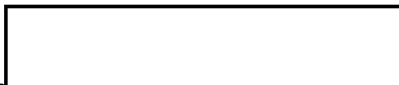
HANOVER INSURANCE COMPANY
Worcester, Massachusetts

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.



b6
b7c

Authorized Representative

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

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CONTINENTAL CASUALTY COMPANY

ALL INFORMATION CONTAINED
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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.

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.

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).

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.

481-0837 (09/99)

481-0837 (09/99)

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.

481-0837 (09/99)

481-0837 (09/99)

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.

481-0837 (09/99) -

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



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



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE AR INFORMATION PAGE WC 00 0001 (A)

POLICY NUMBER: (6559UB-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

PRODUCER: A E GOETTELMAHN & CO INC

ST ASSIGN: NJ

725LW





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

INSURED'S NAME: URBAN MOVING SYSTEMS INC

10243-NJ

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

RATE BUREAU ID: 317266

| 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



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 12 (00)

POLICY NUMBER: (6S59UB-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

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 POLICY NUMBER (6S59UB-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 <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | EMPLOYMENT STATUS CODE | 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 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 |
| FULL DESCRIPTION OF ACCIDENT | | WAS ACCIDENT FATAL? IF YES DATE OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|--|---|
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | DESCRIPTION OF SAFEGUARDS | WERE SAFEGUARDS USED? <input type="checkbox"/> YES <input type="checkbox"/> 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 |
| <input type="checkbox"/> HOSPITAL/ <input type="checkbox"/> CLINIC - | NAME AND ADDRESS (STREET, CITY, STATE & ZIP) | TREATMENT | LENGTH OF STAY 1ST DAY OF TREATMENT |
| <input type="checkbox"/> PHYSICIAN - | NAME AND ADDRESS (STREET, CITY, STATE & ZIP) | PHONE NUMBER TREATMENT | SPECIALTY 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 if 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 (2digits)
 Nature of injury (2digits)

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/Type 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 or Insurance | Coverage | CAUSE(S) OF (2) Loss Form | Coinsurance (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 or 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) Coinsurance %; 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:

From Bldg.
No. No. Location, Occupancy, Fire Protection/Construction
002 001 3 18TH STREET WEEHAWKEN, NJ 07087
WAREHOUSE - NOC
PC 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 | Plan No. | Bldg. No. | Coverage | Causes of Loss Form | Coinsurance (1) | Premium |
|--------------------|----------|-----------|------------------------|---------------------|-----------------|---------|
| 25,000 | 002 | 001 | YOUR PERSONAL PROPERTY | SPECIAL 80% | | 74 |

OPTIONAL COVERAGES:

| From No. | Bldg. No. | Coverage | Agreed Value Amount | Expiration Date | Replacement Cost | Incl. Stock | Inflation Guard % |
|----------|-----------|------------------------|---------------------|-----------------|------------------|-------------|-------------------|
| 002 | 001 | YOUR PERSONAL PROPERTY | | | (X) | | |

OPTIONAL COVERAGES:

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

DEDUCTIBLE: \$1,000 Other Than Earthquake
Deductible Exceptions:

(1) Coinsurance % If Extra Expense Coverage Limits on Loss Payment (2) EQ (if shown) Earthquake
If 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
 \$ 100,000 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

Counter Signatures Date

Authorized Representative

| POLICY NUMBER | POLICY PERIOD | | COVERAGE IS PROVIDED IN THE |
|---------------|---------------|----------|---|
| | FROM | TO | |
| 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 017 Prem. No. 002 WAREHOUSE-NOG 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-NOG-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 | City | County | St | Zip |
|-------------|-------------|--|-----------|--------|----|-------|
| 001 | 001 | 445 WEST 50TH STREET (LIABILITY ONLY) | NEW YORK | | NY | 10019 |
| 002 | 001 | 3 18TH STREET | WEEHAWKEN | HUDSON | NJ | 07087 |

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 | Split Date | Loc | Class | Ver | NV | Classification Description | Rate | Rate |
|----|------------|-----|-------|-----|----|----------------------------|------|------|
|----|------------|-----|-------|-----|----|----------------------------|------|------|

ANNUALIZED PAYROLL EXPOSURES
 FOR YEAR ENDED 12/31/00
 FURNITURE MOVING & STORAGE,
 DRIVERS
 CLERICAL OFFICE EMPLOYEES NOC

NJ 09/18/2000 001 01 8293 01
 8810 02

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 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
Mailing Address AVC
Current Business Cards & Folders _____

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/uc/epa/ma

~~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)

b2
b6
b7C

b1

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: [redacted]
B: [redacted]
C: [redacted]
D: [redacted]
E: [redacted]

b6
b7C

(S)(u) Investigation at Newark continues.

♦♦

~~SECRET~~

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED EXCEPT
WHERE SHOWN OTHERWISE

DATE: 8/2/2005
CLASSIFIED BY: 60322 Ancl/PLJ/CC/vr
REASON: 1.4 (C) (u)
DECLASSIFY ON: 8/2/2030

b1

(S) [redacted]

~~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]

b2
b6
b7C

Drafted By: [redacted]

(S)

Case ID #: (S) [redacted]

(S) [redacted] (ending)

b1

Title: (S) [redacted]

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

b3

(S)(u)

Derived From : G-3

Declassify On: X1

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

b3

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]

b3

(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

(S)

~~SECRET~~

b1

To: Newark From: Newark

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

b6
b7C

[redacted]

(presumably
(presumably
(NFI)

[redacted]

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

♦♦

~~SECRET~~

FD-302 (Rev. 10-6-95)

~~SECRET~~

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

FEDERAL BUREAU OF INVESTIGATION

Date of transcription 09/12/2001

[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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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: 8/2/2005
CLASSIFIED BY: 60322 Ancl/PLJ/CC
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 # [redacted] Date dictated 09/12/2001

b6 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

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]

[redacted] (S)

DATE: 8/2/2005
CLASSIFIED BY: 60322LP/PLJ/CC
REASON: 1.4(C)
DECLASSIFY ON: 8/2/2030

b7A
b6
b7C

b1

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 Aec/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

[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 []
Address ERPD

FN

DOB
Ph.

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 seperately 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 07/14/2005 BY 60332 And/ep/crb/vta

Report of []

Officer in Charge []

b6
b7c



FEDERAL BUREAU OF INVESTIGATION

[Redacted]

SPECIAL AGENT

[Redacted]

[Redacted]

b2
b6
b7c

[Redacted]

Manhattan NY

[Redacted]

[Redacted]

ONE GATEWAY CTR.
MARKET STREET
NEWARK, NJ 07102

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 7/14/2005 BY 60322 mcl/llc/rlk/ta

[Redacted]

- JUMP OVERALLS -

Miami Beh #2.33139-0000

[Redacted]

[Redacted]

Dresses, white Black shirt.

[Redacted]

([Redacted] BROOKLYN NY)

[Redacted]

ISRAEL - B.K.H

[Redacted]

Bank. Suit.

[Redacted]

[Redacted]

[Redacted]

Amex

[Redacted]

2000 Chevy 1GCEG15W4Y1142815

[Redacted]

FBI

[Redacted]

(Kevin DONOVAN. (SFC))

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 7/14/2005 BY 60322 mcl/ep/d/vta

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 Pmc/LP/CP/ota

b6
b7c



LEASED VEHICLE REGISTRATION

- MOTOR VEHICLE SERVICES
A RECEIPT DOCUMENT ONLY



PLATE NO: JRJ13Y GOOD THRU: 11/2001
VIN: 1GCEG15W4Y1142815
CHE 2000 VAN WT GW: 5000 AX:2
VAULT TRUST PASS-COMM FE 15
PO BOX 83 DL:94090 90001 15300
GARDEN CITY NY 11530 DUPLICATE PT:PA
EQ: 5000 FEE: 5.00 AR BG20012390037

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 60323 mac/klc/PA/vrb

PO BOX 83
GARDEN CITY NY 11530

IV2A (1-98)

(STATE) NJ

INSURANCE IDENTIFICATION CARD

| | | |
|----------------|-----------------------------|-------------------------------|
| COMPANY NUMBER | COMPANY | |
| 111 | EMPIRE FIRE & MARINE INS CO | |
| POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE |
| CABIND080601 | 08/06/2001 | 10/06/2001 |
| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER |
| 2000 | GMC/VAN | 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 1/14/2005 BY 60322 BELL/MLM/STW

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 00

32 ENCL \$ 50 00

30 ENCL \$ 100 00

\$ 4700 00

ONE LITTLE LEATHER BOOK

ONE WHITE ELASTIC SOCK

ONE PASSPORT

ASSOCIATED BUSINESS CARDS, American Express Card

ISRAELI DRIVER LICENSE, Israeli International Day Permit

ISRAELI STUDENT ID,

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

SA
SA
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 7/1
 - CASH: \$1000.00 IN \$20 DOLLAR BILLS
\$22.30 IN \$20 DOLLAR BILLS (1)
\$1 DOLLAR BILLS (2)
\$.25 (1)
\$.05 (1)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 1/25/2005 BY 60322 [signature]

Received By:
(Signature)

Received From: PO
(Signature)

~~SECRET~~

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED EXCEPT
WHERE SHOWN OTHERWISE

DATE: 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)

b6
b7C

[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)

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WHERE SHOWN OTHERWISE~~

~~DATE: 8/2/2005
CLASSIFIED BY: 60322 AUC/LP/CPB/ltr
REASON: 1.4 (C)
DECLASSIFY ON: 8/2/2030~~

Investigation on 09/11/2001 at Union City, NJ

b7A

File # [redacted] Date dictated 09/14/2001

by SA [redacted]

~~SECRET~~

b1

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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.

[redacted] 70

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- 1 -

DATE: 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

Pursuant to a Federal Grand Jury subpoena issued in the
District of New Jersey, [redacted]

[redacted]

b3

[redacted] (u)

These records were placed in a 1-A envelope. (u)

~~DATE: 8/2/2005
CLASSIFIED BY: 60322 Au/CLP/CPA/VA
REASON: 1.4(C)
DECLASSIFY ON: 8/2/2030~~

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Investigation on 09/14/01 at Newark, NJ

b7A File #

[redacted] (S)(X)

Date dictated 09/14/01

by SA [redacted]

b6
b7C

~~SECRET~~

b1

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[redacted] (S)

FEDERAL BUREAU OF INVESTIGATION
FOIPA
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

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